

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 5/24/2013  
Date of Injury: 1/15/2013  
IMR Application Received: 6/5/2013  
MAXIMUS Case Number: CM13-0000567

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 56 year-old injured female worker has been given more than 15 diagnoses, which are orthopedic in nature and almost all correspond to joint strains, in addition to a diagnosis of lumbar disc bulge and lumbar spine strain. Past surgical history significant for right shoulder surgery. Xrays demonstrate mild arthritis in the bilateral hips and calcaneal spurs in the heels. Tramadol has been used to help treat the pain. On 2/20/13 lower extremity neurodiagnostic testing was ordered to evaluate "neuroradicular symptoms". Computerized 2-point sensory testing on that day suggested non-organic cause of symptoms or peripheral neuropathy. 3/4/13 patient noted back pain radiating into legs however there was no documentation of assessment of lower extremity sensation, strength, nor reflexes, there is only documentation of provocative testing (ie straight leg raise). A 3/28/13 MRI lumbar spine reviewed and demonstrated no neural impingement and mild facet arthropathy. On 5/13/13 Dr [REDACTED] performed a physical examination demonstrating + Kemps test, + apprehension testing bilaterally, and + foraminal compression testing. On that same day, Dr [REDACTED] noted in his plan that he was requesting acupuncture twice a week for six weeks and EMG/NCS of the upper and lower extremities. There was no documentation of any neurological symptoms such as new weakness or numbness, neither was there weakness, numbness, or change in reflexes on physical exam findings at that time. On 6/11/13 EMG/NCS was negative. On 8/26/2013 acupuncture once per week for six weeks was requested, and it was noted that acupuncture treatment was ongoing at this time. At some point (unspecified) she was advised she had a "dropped uterus" and abdominal hernia.

## **IMR DECISION(S) AND RATIONALE(S)**

The Final Determination was based on decisions for the disputed items/services set forth below:

### **1. EMG/NCV for bilateral lower extremities is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM guidelines, Low Back Disorders, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), page 309, Low Back Complaints Table 12-8, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS guidelines indicate that "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks" and notes EMG/NCS for lower extremities is indicated for detection of physiologic abnormalities and to clarify nerve root dysfunction if there is no improvement after 1 month.

There is no evidence of any neurological dysfunction on the history or physical documented in the clinical records relevant to the EMG/NCS request. There is only evidence of positive provocative tests. The most recent MRI of the lumbar spine demonstrates no findings suggestive of neuroanatomical pathology. As such EMG/NCS is not medically necessary.

### **2. Acupuncture 2 times a week for 6 weeks for the lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

A review of records indicates that on 8/13 the injured worker was receiving acupuncture treatment. This IMR was requested to determine if the 5/24/13 UR denial of acupuncture treatments was appropriate. I performed an independent review of the primary medical records available to me and from my review, it appears acupuncture has not been trialed prior to this request.

The MTUS guidelines indicate that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." There is no evidence in the clinical documentation of medication intolerance, ongoing physical rehabilitation nor surgical intervention in the relevant timeframe. As acupuncture is indicated for use as an adjunct to physical rehabilitation, and neither ongoing physical rehabilitation nor surgical intervention in the relevant timeframe is noted, the request is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0000567