

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested EMG/NCV - lower extremities **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/10/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested EMG/NCV - lower extremities is not medically necessary and appropriate.

### **Medical Qualifications of the Professional Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 31, 2013

“This 76-year-old female sustained an injury to her low back on 1/7/13. The mechanism of injury occurred when a chair moved back, as the patient was about to sit down, and she fell. Physical therapy (PT) was ordered on 2/25/13. Additional PT was ordered on 4/3/13. She improved with PT, but slowly. Acupuncture was also recommended. She had a magnetic resonance imaging (MRI) on 2/14/13 that showed at L2-L3, a 2.9 mm anterior disc bulge, bilateral facet arthrosis, and ligamentum flavum hypertrophy; at L3-L4, a 3.9 mm circumferential disc bulge, which mildly impresses on the thecal sac, bilateral facet arthrosis, and mild bilateral neural foraminal narrowing; at L4-L5, a 5.0 mm circumferential disc bulge, which mildly impresses on the thecal sac, bilateral facet arthrosis, and moderate right and mild left neural foraminal narrowing; and at L5-S1, a 2.9 mm circumferential disc bulge, which touches the thecal sac, bilateral facet arthrosis, and mild bilateral neural foraminal narrowing. On a note dated 4/27/13, the patient complained of constant low back pain, associated with muscle spasms. The pain increased with repetitive bending and stooping, and prolonged sitting, standing, and walking. Physical examination showed the patient ambulated with a normal gait and was in no acute distress. She was noted to have tenderness to palpation from L3-S1 region; palpable tenderness over the right paraspinal muscle, greater than the left; limited range of motion (ROM) of flexion, only able to go about 20 degrees, with pain directed at the bilateral paraspinal muscles; negative straight leg raise; adequate strength in all testing of the lower extremities; and nerve testing was within normal limits bilaterally. Diagnostic impressions were a lumbar sprain/strain and possible discopathy, rule out radiculopathy. Voltaren and Protonix were certified by the nurse. Electromyogram/nerve conduction velocity (EMG/NCV) studies and the continued use of Cyclobenzaprine were under review.”

## Documents Reviewed for Determination:

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

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 5/31/13)
- Primary Treating Physician's Initial Comprehensive Evaluation by [REDACTED] D.C., QME (dated 1/11/13)
- Employee's Medical Records by [REDACTED] (dated 1/18/13 thru 5/6/13)
- Employee's Medical Records by [REDACTED] (dated 1/29/13)
- Doctor's First report of Occupational Injury or Illness (dated 2/20/13)
- Primary Treating Physician's Progress Report by [REDACTED], D.C., QME (dated 3/20/13 thru 5/15/13)
- Primary Treating Physicians Progress Report by [REDACTED], D.O. (dated 3/20/13 thru 5/25/13)
- Precision Monitoring Resource (dated 4/27/13)
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg 177-178

### 1) Regarding the Request for EMG/NCV - lower extremities:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints Chapter 8, pg 177-178, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision

The employee sustained an injury to her low back on 1/7/13. When trying to sit down, her chair rolled out from under her and she fell to the ground. Since the injury she has had Physical Therapy (PT). Acupuncture was recommended. The employee had an MRI on 2/14/13.

Per the submitted and reviewed documents, the patient presented with pain after injury as well as some decrease in flexion and rotation. Patient did seek treatment for physical therapy and acupuncture. Per Physical Therapy notes patient did improve in gait, strength, endurance and range of motion. Per physician notes there were no specific neurological deficits and patient did improve in symptoms over time with therapy.

American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints Chapter 8, of the Medical Treatment Utilization Schedule (MTUS), states patients who have work related injuries with neck and upper back complaints should receive follow up care on a continual basis. Further evaluative studies should be reserved for "red flag" issues, physiologic evidence of tissue insult or neurologic dysfunction, failure to

progress in a strengthening program intended to avoid surgery and or clarification of the anatomy prior to an invasive procedure. The requested EMG/NCV – lower extremities is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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