
Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/31/2013
Date of Injury:	1/7/2013
IMR Application Received:	7/5/2013
MAXIMUS Case Number:	CM13-0000979

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 request for EMG/NCV of the lower extremities **is not medically necessary and appropriate.**

Medical Qualifications of the Expert 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 Occupational 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 Expert 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

“Clinical Summary: 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 foramina! 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 foramina! narrowing; and at L5-S1, a 2.9 mm circumferential disc bulge, which touches the thecal sac, bilateral facet arthrosis, and mild bilateral neural foramina! 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 (received 7/5/13)
- Utilization Review Determination (dated 5/31/13)
- Employee medical records from [REDACTED], DO (dated 4/27/13-5/25/13)
- Employee medical records from [REDACTED], DC (dated 1/11/13)

- Employee medical records from [REDACTED], DC (dated 1/7/13-3/20/13)
- Employee medical records from [REDACTED] (dated 1/25/13-4/25-13)
- Employee medical records from [REDACTED] (dated 2/14/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 303-305

1) Regarding the request for EMC/NCV of the lower extremities:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 303, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the low back due to a fall on 1/7/13. Medical records provided and reviewed indicate treatment has included analgesic medications; lumbar MRI on February 14, 2013, notable for multilevel disk bulges and degenerative changes; topical analgesics; unspecified amounts of physical therapy; and time off of work. The 5/25/13 progress report notes persistent low back pain radiating to the right lower extremity with prolonged weight-bearing, limited range of motion, adequate strength about the lower extremities, and negative straight leg raising. The request is for electrodiagnostic testing of the lower extremities.

ACOEM guidelines do endorse electrodiagnostic testing in individuals with "subtle, focal neurologic dysfunction" that has persisted beyond three to four weeks. The medical records reviewed indicate the employee's symptoms are confined to the right leg/right lower extremity. There is no evidence of radicular complaints or radicular symptoms about the bilateral lower extremities. While an MRI is notable for multilevel disk bulges and degenerative changes at L2-L3, L3-L4, L4-L5, and L5-S1, radicular complaints are confined to the right lower extremity. The EMG/NCV of the 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, 18th Floor
Oakland, CA 94612

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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.



