

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Sacramento, CA 95813-8009

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Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	11/2/2012
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0016102

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG left lower extremity **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCS right lower extremity **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for NCS left lower extremity **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for EMG right lower extremity **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 request for EMG left lower extremity is **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCS right lower extremity is **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for NCS left lower extremity is **medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for EMG right lower extremity is **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 Nuerology, 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.

Expert Reviewer Case Summary:

The patient is a 32 year old male with date of injury 11/2/2012, since with low back pain (LBP) radiating down both legs and numbness in the right leg. Patient was treated with physical therapy (PT) (temporary relief), acupuncture (no benefit), and underwent chiropractic manipulations. MRI showed 3 herniated disks. Exam from 7/11/13 showed decreased sensation bilateral L5 dermatome, and 4/5 weakness on dorsiflexion and plantar flexion on right leg. Electromyogram/nerve conduction study (EMG/NCS) was requested to evaluate for neuropathy vs. radiculopathy.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - X Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for EMG left lower extremity:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Summary of Recommendations and Evidence, Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, pages 308-310, which is part of MTUS, and the Official Disability Guidelines (ODG), Low Back, EMGs (electromyography), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-305, which is part of MTUS.

Rationale for the Decision:

EMG/Nerve conduction studies are used to diagnose nerve damage or destruction, whether generalized as in [alcoholic](#), [diabetic](#), or other [peripheral neuropathy](#); or localized as in compression to or stretch injury to nerve roots (radiculopathy). Nerve compression problems, such as [carpal tunnel syndrome](#) (compression of the median nerve in the wrist) or [plexus syndrome](#) (compression of the nerves coming from the neck into the arm) may also lead to abnormal test results. Nerve conduction studies evaluate the functioning of the peripheral nerves in order to determine sensory or motor dysfunction. The medical records submitted for review document that the employee has complains of neuropathic symptoms (numbness in bilateral feet) and is also found to have decreased sensation in the L5 dermatome on the physical exam as well as bilateral dorsiflexion and plantarflexion weakness... Therefore the test is indicated and medically necessary to evaluate for the degree of the nerve damage which MRI will not be able to tell one. According to ACOEM guidelines 2nd edition, chapter 12, Lower back disorders, NCS are used to rule out peripheral neuropathy, peroneal nerve compression, etc that can mimic sciatica. **The request for EMG left lower extremity is medically necessary and appropriate.**

2) Regarding the request for NCS right lower extremity:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back; Nerve conduction studies (NCS), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-305, which is part of MTUS.

Rationale for the Decision:

EMG/Nerve conduction studies are used to diagnose nerve damage or destruction, whether generalized as in [alcoholic](#), [diabetic](#), or other [peripheral neuropathy](#); or localized as in compression to or stretch injury to nerve roots (radiculopathy). Nerve compression problems, such as [carpal tunnel syndrome](#) (compression of the median nerve in the wrist) or [plexus syndrome](#) (compression of the nerves coming from the neck into the arm) may also lead to abnormal test results. Nerve conduction studies evaluate the functioning of the peripheral nerves in order to determine sensory or motor dysfunction. The medical records submitted for review document that the employee has complains of neuropathic symptoms (numbness in bilateral feet) and is also found to have decreased sensation in the L5 dermatome on the physical exam as well as bilateral dorsiflexion and plantarflexion weakness. Therefore the test is indicated and medically necessary to evaluate for the degree of the nerve damage which MRI will not be able to tell one. According to ACOEM guidelines 2nd edition, chapter 12, Lower back disorders, NCS are used to rule out peripheral neuropathy, peroneal nerve compression, etc that can mimic sciatica. **The request for NCS right lower extremity is medically necessary and appropriate.**

3) Regarding the request for NCS left lower extremity :

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back; Nerve conduction studies (NCS), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-305, which is part of MTUS.

Rationale for the Decision:

EMG/Nerve conduction studies are used to diagnose nerve damage or destruction, whether generalized as in [alcoholic](#), [diabetic](#), or other [peripheral neuropathy](#); or localized as in compression to or stretch injury to nerve roots (radiculopathy). Nerve compression problems, such as [carpal tunnel syndrome](#) (compression of the median nerve in the wrist) or [plexus syndrome](#) (compression of the nerves coming from the neck into the arm) may also lead to abnormal test results. Nerve conduction studies evaluate the functioning of the peripheral nerves in order to determine sensory or motor dysfunction. The medical records submitted for review document that the employee has complains of neuropathic symptoms (numbness in bilateral feet) and is also found to have decreased sensation in the L5 dermatome on the physical exam as well as bilateral dorsiflexion and plantarflexion weakness. Therefore the test is indicated and medically necessary to evaluate for the degree of the nerve damage which MRI will not be able to tell one. According to ACOEM guidelines 2nd edition, chapter 12, Lower back disorders, NCS are used to rule out peripheral neuropathy, peroneal nerve compression, etc that can mimic sciatica. **The request for NCS left lower extremity is medically necessary and appropriate.**

4) Regarding the request for EMG right lower extremity:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Summary of Recommendations and Evidence, Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, pages 308-310, which is part of MTUS, and the Official Disability Guidelines (ODG), Low Back, EMGs (electromyography), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-305, which is part of MTUS.

Rationale for the Decision:

EMG/Nerve conduction studies are used to diagnose nerve damage or destruction, whether generalized as in [alcoholic](#), [diabetic](#), or other [peripheral neuropathy](#); or localized as in compression to or stretch injury to nerve roots (radiculopathy). Nerve compression problems, such as [carpal tunnel syndrome](#) (compression of the median nerve in the wrist) or [plexus syndrome](#) (compression of the nerves coming from the neck into the arm) may also lead to abnormal test results. Nerve conduction studies evaluate the functioning of the peripheral nerves in order to determine sensory or motor dysfunction. The medical records submitted for review document that the employee has complains of neuropathic symptoms (numbness in bilateral feet) and is also found to have decreased sensation in the L5 dermatome on the physical exam as well as bilateral dorsiflexion and plantarflexion weakness. Therefore the test is indicated and medically necessary to evaluate for the degree of the nerve damage which MRI will not be able to tell one. According to ACOEM guidelines 2nd edition, chapter 12, Lower back disorders, NCS are used to rule out peripheral neuropathy, peroneal nerve compression, etc that can mimic sciatica. **The request for EMG right lower extremity is 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,

Paul Manchester, MD, MPH
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.