

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[Redacted]

Dated: 12/24/2013

IMR Case Number:	CM13-0016103	Date of Injury:	06/02/2010
Claims Number:	[Redacted]	UR Denial Date:	08/06/2013
Priority:	STANDARD	Application Received:	08/25/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
SEE ATTACHED			

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: OVERTURN. This means we decided that all 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 Neurology has a subspecialty in neuro-ocology and is licensed to practice in California and New York. 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

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 patient is a 51 year old female with long standing history of widespread pain, associated with paresthesias. There is a detailed note dated 7/11/2013 with the patient describing that low back pain continues, radiating down her buttocks and back of thigh down to her feet. The pain is described to be associated with numbness and tingling in their feet, aggravated by standing, walking and sitting for more than 15 minutes. The exam clearly reveals a decrease in the L5 sensation with pain.

IMR DECISION(S) AND RATIONALE(S)

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

1. Neurodiagnostic studies of the bilateral lower extremities is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), which is part of the MTUS.

The Physician Reviewer's decision rationale: According to ACOEM guidelines 2nd edition, NCS tests are used to rule out peripheral neuropathy, peroneal nerve compression, etc that can mimic sciatica. 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 functions of the peripheral nerves in order to determine sensory or motor dysfunction. The medical records provided for review indicates that the employee clearly complains of neuropathic symptoms (numbness in bilateral feet). On the physical exam the employee is found to have decreased sensation in the L5 dermatome. **The request for Neurodiagnostic studies of the bilateral lower extremities is medically necessary and appropriate.**

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