

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	6/17/2011
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003103

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 an EMG/NCS of the upper extremities **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Physical Medicine and Rehabilitation 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 July 3, 2013:

Patient is a 43 year old female with a 6/17/11 date of injury. (2 year) Mechanism of injury was not documented. Diagnoses per the current progress report are s/p anterior revisions fusion at pseudarthrosis C4---5 with cage and plate posterior fixation with fusion C4---C6 and foraminotomies at C5---6 bilateral.

Current request is for EMG/NCV of the upper extremity . Patient has had ACDF at C4---C5 and C5---6. Unfortunately she had non--- union at C5---C6. Subsequently she had an anterior revision for pseudo arthrosis at C4---C5 with posterior fixation with fusion C4---C6 on 9/18/2012. The 6/27/13 progress report noted the patient is awaiting electro diagnostic studies. Examination noted 2+ sensation in all upper extremity areas test; motor strength showed no significant deficits, and reflexes were 2+ bilaterally. Two view x---rays of the cervical spine show the fusion is filling in. Primary treating physician noted that a scan will not be helpful, but he is requesting EMG/NCV of the upper extremities to see if there are any areas of nerve compromise that is causing these symptoms.

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 07/25/2013)
- Utilization Review Determination from [REDACTED] (dated 07/03/2013)
- Employee medical records from [REDACTED] (dated 07/12/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an EMG/NCS of the upper extremities

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

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, page 170), which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines, Neck and Upper Back Chapter, which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/17/2011. The employee has a history of prior fusion at C4-5 with cage and plate, posterior fixation with fusion from C4 through C6, and foraminotomies performed at C5-6 bilaterally. The employee underwent a revision fusion at C4-5 including posterior fixation with fusion from C4 through C6 on 9/18/2012. On 6/1/2013, the provider noted the presence of cervical spine anterior and posterior incisions which were well healed with normal muscle tenderness and no findings for Tinel's, Spurling's maneuver or Adson's maneuver. The employee had normal sensation in all dermatomes of the cervical spine with motor strength graded as 5/5 and 2+ deep tendon reflexes of the biceps and triceps with negative Hoffmann's. X-rays suggested the fusion was filling in with excellent position. The employee has been treated with physical therapy with decreased neck pain but continues to have some tingling in the arms. A request was submitted for an EMG/NCS of the upper extremities.

The ACOEM Guidelines indicate that electromyography and nerve conduction studies may be helpful to identify subtle focal and neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. Further, the assessment may include SEPs if spinal stenosis or spinal cord myelopathy is suspected. Also, guidelines detail that unequivocal findings which identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. However, when the neurological examination is less clear further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted and reviewed evidences that the employee is status post cervical fusion from C4 through C6 with revision surgery performed on 9/18/2012 with posterior fixation. On recent evaluation, the employee continues to complain of continued tingling in the employee's arms. However, the employee's objective evaluation does not suggest the presence of any significant neuropathology on examination. The request for an EMG/NCS of the upper 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

/sab

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.