

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

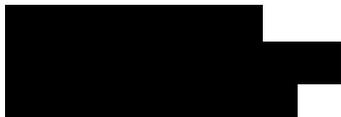
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Notice of Independent Medical Review Determination

Dated: 11/15/2013



Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:



7/10/2013

1/1/2009

7/29/2013

CM13-0004683

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCV right upper extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG left upper extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NVC left upper extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG right upper extremity is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **NCV right upper extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG left upper extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NVC left upper extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG right upper extremity 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 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.

Expert Reviewer Case Summary:

This claimant reported an injury on 01/01/2009. The documentation submitted for review indicates that the claimant was seen for a neurological consultation on 05/01/2013, noting that the claimant complained of pain to the neck, shoulder and arm due to job duties requiring extensive and frequent neck motion. The notes indicate that the claimant initially underwent 8 sessions of physical therapy as well as 1 epidural steroid injection, pain medications and 6 steroid injections to the cervical region. The notes indicate that the claimant continues to complain of having low back pain and that the injected steroids were for the lumbar region as well as the epidural injections, which provided only temporary relief. Physical examination of the claimant noted that neck motion was not limited and that the claimant had good motor strength in the upper extremities with reflexes at the biceps, triceps and brachioradialis noted to be sluggish and no evidence of sensory loss to pinprick and no abnormal Hoffmann's sign and no hyperreflexia. The notes indicate a review of the claimant's MRI of the cervical spine obtained on 04/13/2011 which revealed a herniated disc at the level of C4-5, central and left paracentrally located, causing spinal cord impingement. The AP diameter of the spinal canal was reduced to 6 mm at C4-5 and 7 mm at C5-6 due to degeneration. Retrolisthesis was noted of the C5 over C6 levels; and also, there was severe degeneration at the C4-5, C5-6 and C6-7 levels. Most pronounced were findings at the C5-6 levels, where there was a 2 to 3 mm retrolisthesis.

The notes indicate that the claimant underwent electromyographic and nerve conduction studies in the past; however, these were not available for review. The recommendation was made for the claimant to be treated conservatively, and the claimant was provided with a prescription for a cervical collar and pneumatic traction collar. A followup on 05/09/2013 noted the claimant to have decreased range of motion about the cervical and lumbar spines on evaluation. The notes indicated that the claimant had improvement of 50% following cervical and lumbar epidural steroid injections. The claimant was again evaluated on 05/20/2013 with continued complaints of severe neck pain radiating to the bilateral shoulders and arms, especially on the left side. The notes indicate that the claimant received authorization for a cervical collar and pneumatic traction collar. Cervical spine x-rays with flexion and extension views were obtained on 05/17/2013, noting straightening of the cervical lordosis, possibly due to underlying muscle spasm, as well as degenerative changes, most marked at C5-6 and C6-7, where there was evidence of moderate to severe loss of disc height with large endplate osteophytes and moderate to severe endplate degenerative changes at both levels. A followup evaluation on 05/20/2013 indicated that the claimant received authorization for a cervical collar and pneumatic traction collar for conservative therapy. The clinical notes from 06/12/2013 detailed the recommendation for electrodiagnostic and nerve conduction studies due to a recommendation for cervical fusion at the C5-6 and possibly C6-7 levels for the purposes of surgical planning. On 06/20/2013, the claimant was again evaluated, noting normal range of motion of the lumbar and cervical spines with tenderness to palpation and evidence of guarding. The notes indicate that the claimant received some benefit from the cervical collar. The clinical notes from 07/18/2013 detailed decreased range of motion in both the cervical spine and lumbar spines with positive paraspinal muscle tenderness and no changes in the claimant's condition. The notes indicate that the claimant requested to receive a second opinion prior to surgical intervention. The clinical notes from 07/24/2013 indicated that the claimant had been treated only with conservative measures in the form of a cervical collar. However, the notes indicate that the claimant never received authorization for pneumatic traction. The notes detailed the current recommendation for the claimant to be treated conservatively with the use of a pneumatic traction collar and Queen Anne cervical collar to possibly avoid surgical intervention in the future.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for NCV right upper 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), which is part of the MTUS, and the Official Disability Guidelines (ODG), Current Version, Neck Chapter, Electromyography, and Nerve Conduction Studies, which is not part of the MTUS.

The Expert Reviewer found the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), which is not part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that for most individuals presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most individuals improve quickly provided that any red flag conditions are ruled out. The criteria for ordering an imaging study are emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedure. Furthermore, the guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in individuals with neck or arm symptoms or both lasting for more than 3 or 4 weeks. The records submitted for review indicate that the employee was recommended to undergo conservative treatment with pneumatic traction and a Queen Anne cervical collar. The notes indicate that the employee has received only treatment regarding the cervical collar; however, the employee never received authorization for the use of pneumatic traction. Additionally, the evaluation of the employee, notes decreased range of motion of the cervical spine; however, there was a lack of documentation indicating a significant neuropathology on exam. Furthermore, while the MR imaging submitted for review indicates the employee to have significant pathology at the C5-6 and C6-7 levels, prior electrodiagnostic studies for the employee were not submitted for review. Given the lack of documentation of significant neuropathology noted on evaluation of the employee, the requested treatment is not recommended. **The request for NCV right upper extremity is not medically necessary and appropriate.**

2) Regarding the request for EMG left upper 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), which is part of the MTUS, and Official Disability Guidelines (ODG), Current Version, Neck Chapter, Electromyography, and Nerve Conduction Studies, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that for most individuals presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most individuals improve quickly provided that any red flag conditions are ruled out. The criteria for ordering an imaging study are emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedure. Furthermore, the guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in individuals with neck or arm symptoms or both lasting for more than 3 or 4 weeks. The documentation submitted for review indicates that the employee was recommended to undergo conservative treatment with pneumatic traction and a Queen Anne cervical collar. The notes indicate that the employee has received only treatment regarding the cervical collar; however, the employee never received authorization for the use of pneumatic traction. Additionally, the evaluation of the employee, notes decreased range of motion of the cervical spine; however, there was a lack of documentation indicating a significant neuropathology on exam. Furthermore, while the MR imaging submitted for review indicates the employee has significant pathology at the C5-6 and C6-7 levels, prior electrodiagnostic studies for the employee were not submitted for review. Given the lack of documentation of significant neuropathology noted on evaluation of the employee, the EMG is not recommended. **The request for EMG of the left upper extremity is not medically necessary and appropriate.**

3) Regarding the request for NVC left upper 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), Which is part of the MTUS, and Official Disability Guidelines (ODG), Current Version, Neck Chapter, Electromyography, and Nerve Conduction Studies, which is not part of the MTUS.

The Expert Reviewer found the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that for most individuals presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most individuals improve quickly provided that any red flag conditions are ruled out. The criteria for ordering an imaging study are emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedure. Furthermore, the guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in individuals with neck or arm symptoms or both lasting for more than 3 or 4 weeks. The documentation submitted for review indicates that the employee was recommended to undergo conservative treatment with pneumatic traction and a Queen Anne cervical collar. The notes indicate that the employee has received only treatment regarding the cervical collar; however, the employee never received authorization for the use of pneumatic traction. Additionally, the evaluation of the employee notes decreased range of motion of the cervical spine; however, there was a lack of documentation indicating a significant neuropathology on exam. Furthermore, while the MR imaging submitted for review indicates the employee to have significant pathology at the C5-6 and C6-7 levels, prior electrodiagnostic studies for the employee were not submitted for review. Given the lack of documentation of significant neuropathology noted on evaluation of the employee, the NCV is not recommended. **The request for NCV left upper extremity is not medically necessary and appropriate.**

4) Regarding the request for EMG right upper 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), which is part of the MTUS, and Official Disability Guidelines (ODG), Current Version, Neck Chapter, Electromyography, and Nerve Conduction Studies, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179), which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that for most individuals presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most individuals improve quickly provided that any red flag conditions are ruled out. The criteria for ordering an imaging study are emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and for clarification of the anatomy prior to an invasive procedure. Furthermore, the guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurological dysfunction in individuals with neck or arm symptoms or both lasting for more than 3 or 4 weeks. The documentation submitted for review indicates that the employee was recommended to undergo conservative treatment with pneumatic traction and a Queen Anne cervical collar. The notes indicate that the employee has received only treatment regarding his cervical collar; however, the employee never received authorization for the use of pneumatic traction. Additionally, the evaluation of the employee notes decreased range of motion of the cervical spine; however, there was a lack of documentation indicating a significant neuropathology on exam. Furthermore, while the MR imaging submitted for review indicates the employee to have significant pathology at the C5-6 and C6-7 levels, prior electrodiagnostic studies for the employee were not submitted for review. Given the lack of documentation of significant neuropathology noted on evaluation of the employee, the EMG is not recommended. **The request for EMG of the right upper extremity 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,

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.