

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/15/2013
Date of Injury: 2/20/2013
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0005321

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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 underlying date of injury in this case is 02/20/2013. The primary diagnosis is lumbago. This patient has reported ongoing low back pain at 6/10 and radiating to the left leg with reported symptoms of tingling, numbness, and weakness. On exam, the patient has been noted to have tenderness in the lumbar spine with straight leg raising positive in the left seated and supine. Diminished sensation was noted in the left and L5 and S1 dermatomes.

An initial physician reviewer noted that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

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

1. EMG Bilateral Lower Extremities is medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 12, Low Back, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, chapter 12, Low Back, page 303, states "When the neurological exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Electrography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, an

initial reviewer indicated that electrodiagnostic studies were not indicated since radiculopathy was clinically evident. There certainly are symptoms on physical examination findings suggestive of radiculopathy, but that diagnosis is not certain based on the available data, as the differential diagnosis could include, for example, a multifocal polyneuropathy, generalized polyneuropathy, or referred myofascial pain, among other possibilities. The current situation of clinical uncertainty with the possibility of neuropathic process is consistent with the request for both EMG and nerve conduction studies.

2. NCS Bilateral Lower Extremities is medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 12, Low Back, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, chapter 12, Low Back, page 303, states "When the neurological exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Electrography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, an initial reviewer indicated that electrodiagnostic studies were not indicated since radiculopathy was clinically evident. There certainly are symptoms on physical examination findings suggestive of radiculopathy, but that diagnosis is not certain based on the available data, as the differential diagnosis could include, for example, a multifocal polyneuropathy, generalized polyneuropathy, or referred myofascial pain, among other possibilities. The current situation of clinical uncertainty with the possibility of neuropathic process is consistent with the request for both EMG and nerve conduction studies.

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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.

[REDACTED]
[REDACTED]
[REDACTED]