

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	8/23/2003
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005981

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCV left lower extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG left lower extreity is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 left lower extremity** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG left lower extreity** 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 Neurology, 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 has history of back pain and left sciatica, and has had prior laminectomy and fusion in 2007. MRI has shown recurrent disk protrusion at L4-5 with bilateral root impingement, left L4, right L5. There is history of progressive knee pain and right knee replacement. Exam has reported decreased L5-S1 sensation following knee replacement 9/2012.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for NCV left lower extremity :

Section of the Medical Treatment Utilization Schedule (MTUS) 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) Occupational Medicine Practice Guidelines, 2nd Edition, 2004, pages 308-310, which are part of the MTUS; and the Official Disability Guidelines (ODG), Low Back, NCS section, which are not part of MTUS.

The Expert Reviewer based his/her decision on the ACOEM Guidelines, 2nd Edition, (2004) Low Back, Chapter 12 and table 12.4, 12.7.

Rationale for the Decision:

The ACOEM guidelines recommend nerve conduction velocity (NCV) studies to identify peripheral nerve injury. The medical records provided for review indicate that the employee has described radicular symptoms, with disc protrusion as a probable cause and the records do not support the medical necessity. The NCV studies would be normal in an individual with radiculopathy. **The request for NCV left lower extremity is not medically necessary and appropriate.**

2) Regarding the request for EMG left lower extreity:

Section of the Medical Treatment Utilization Schedule (MTUS) 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) Occupational Medicine Practice Guidelines, 2nd Edition, 2004, pages 308-310; and the Official Disability Guidelines (ODG), EMG section, which is not part of MTUS.

The Expert Reviewer based his/her decision on the the ACOEM Guidelines, 2nd Edition, (2004) Low Back, Chapter 12 and table 12.4, 12.7; and the ODG Low Back.

Rationale for the Decision:

The ACOEM Guideline notes that EMG is indicated for disc protrusion and can be useful to identify subtle neurologic dysfunction. ODG notes that EMG is not advised for clinically obvious radiculopathy, and is recommended to clarify nerve root dysfunction. This employee has had a diagnosis of disc protrusion and clinically obvious radicular findings, for which EMG is not advised. **The request for EMG left lower 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.