

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	4/2/2000
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006499

- 1) MAXIMUS Federal Services, Inc. has determined the request for **ortho eval for 2nd opinion for spine and neurology is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV left UE to R/O radiculopathy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NCV right UE to R/O radiculopathy is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG left UE to R/O radiculopathy is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **EMG right UE to R/O radiculopathy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 **ortho eval for 2nd opinion for spine and neurology is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV left UE to R/O radiculopathy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NCV right UE to R/O radiculopathy is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG left UE to R/O radiculopathy is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **EMG right UE to R/O radiculopathy 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 is a 33 year old injured April 2000, hit in the neck, head, shoulder and back. There have been complaints of neck pain, right arm pain, and numbness of the right hand. There has been prior EMG/NCV study in 2012, negative for radiculopathy. Examination has shown paravertebral tenderness, normal strength, and decreased reflexes in the right arm. There has been orthopedic evaluation in 2013. Second opinion Ortho spine and neurology consultation, and NCVs and EMGs of the arms have been requested.

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 [REDACTED]

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

1) Regarding the request for ortho eval for 2nd opinion for spine and neurology:

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 ACOEM, Occupational Medicine Practice Guidelines, 2nd edition (2004), Independent Medical Examinations, pg 127, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Functional imaging of brain responses to pain, pg 48, which is part of MTUS.

Rationale for the Decision:

Chronic pain guidelines were used as ACOEM and ODG do not address consultations in chronic pain. Guidelines indicate that when subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. No rationale is clinically evident for repeat orthopedic or neurology consultation in a case of chronic pain, where the best evidence is need for coordinated pain care. **The request for ortho eval for 2nd opinion for spine and neurology is not medically necessary and appropriate.**

2) Regarding the request for NCV left UE to R/O radiculopathy:

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 ACOEM, Occupational Medicine Practice Guidelines, 2nd edition (2004), Neck and Upper Back Complaints, pg 178, which is part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 261-262, Tables 11-3, 11-7, which is part of MTUS.

Rationale for the Decision:

ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be normal in mild or early CTS. The employee has had prior NCV/EMG reported as normal. NCVs are insensitive for suspected radiculopathy. Repeat testing for same symptomatology is not indicated. **The request for NCV left UE R/O radiculopathy is not medically necessary and appropriate.**

3) Regarding the request for NCV right UE to R/O radiculopathy:

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 ACOEM, Occupational Medicine Practice Guidelines, 2nd edition (2004), Neck and Upper Back Complaints, pg 178, which is part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 261-262, Tables 11-3, 11-7, which is part of MTUS.

Rationale for the Decision:

ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be normal in mild or early CTS. The employee has had prior NCV/EMG reported as normal. NCVs are insensitive for suspected radiculopathy. Repeat testing for same symptomatology is not indicated. **The request for NCV right UE to R/O radiculopathy is not medically necessary and appropriate.**

4) Regarding the request for EMG left UE to R/O radiculopathy:

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 ACOEM, Occupational Medicine Practice Guidelines, 2nd edition (2004), Neck and Upper Back Complaints, pg 178, which is part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 261-262, Tables 11-3, 11-7, which is part of MTUS.

Rationale for the Decision:

ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be normal in mild or early CTS. The employee has had prior NCV/EMG reported as normal. Prior EMG that was negative for radiculopathy precludes need for repeat testing for same the symptomatology. **The request for EMG left UE to R/O radiculopathy is not medically necessary and appropriate.**

5) Regarding the request for EMG right UE to R/O radiculopathy:

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 ACOEM, Occupational Medicine Practice Guidelines, 2nd edition (2004), Neck and Upper Back Complaints, pg 178, which is part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 261-262, Tables 11-3, 11-7, which is part of MTUS.

Rationale for the Decision:

ACOEM states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be normal in mild or early CTS. The employee has had prior NCV/EMG reported as normal. Prior EMG that was negative for radiculopathy precludes need for repeat testing for same the symptomatology. **The request for EMG right UE to R/O radiculopathy 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

/skf

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.