

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	7/7/2012
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0006952

- 1) MAXIMUS Federal Services, Inc. has determined the request for a bilateral lower extremity EMG **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a bilateral lower extremity NCV **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an MRI lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 a bilateral lower extremity EMG **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a bilateral lower extremity NCV **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an MRI lumbar spine **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 man with an injury on 7/7/12. The patient has been experiencing radiating low back pain. A prior MRI dated 8/24/12 reports 2-3 mm of disk bulges at L4-5, L5-S1 with retrolisthesis of 2mm. There was evidence of facet arthropathy and foraminal stenosis. The nerve conduction velocity (NCV) test that was performed 2/2013 was normal and the electromyography (EMG) indicated an abnormal study of the right lower extremity with no evidence to suggest left radiculopathy. Acupuncture has reduced axial back pain but radiating pain is unchanged. Lower extremity neurologic exam has reported normal strength, sensation and reflexes, and on follow-up reports is indicated to be unchanged. Diagnoses have included right lumbar radiculopathy secondary to disc protrusion.

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 bilateral lower extremity EMG:

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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, Electromyography (EMG), page 303, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-304, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines note that EMG is indicated for disk protrusion and can be useful to identify subtle neurologic dysfunction. The medical records indicate that the employee has had a previous EMG study, and there is no indication that there were any progressive neurological signs that would support the necessity for a repeat study. **The request for a bilateral lower extremity EMG is not medically necessary and appropriate.**

2) Regarding the request for bilateral lower extremity NCV:

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 The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, Electromyography (EMG), page 303, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), tables 12.4, pages 296-297 & table 12.7, page 304, which is part of the MTUS, and the Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS.

Rationale for the Decision:

The ACOEM and MTUS Chronic Pain guidelines do not address NCVs in the lower extremities. The Official Disability Guidelines (ODG), Low Back chapter, notes that NCVs are not justified if a patient is presumed to have pain from radiculopathy. The clinical notes and prior EMG results are consistent with a diagnosis of radiculopathy. The records do not indicate progressive neurologic signs for which a repeat study would be warranted. **The request for a bilateral lower extremity NCV is not medically necessary and appropriate.**

3) Regarding the request for MRI of the lumbar spine:

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 Official Disability Guidelines, (ODG), Low Back chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-304, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines state that “objective findings on neurologic exam warrant imaging in a patient who does not respond to treatment and where surgery would be an option.” The submitted records document that this employee has already had imaging which documents features supportive of the diagnosis of radiculopathy. There are no documented significant changes in the exam to warrant repeat imaging. **The request for an MRI of the lumbar spine 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

/db

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.