

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	2/25/2004
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007242

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCV lumbar spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for EMG lumbar spine **is 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 7/12/2013. 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 MRI lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCV lumbar spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for EMG lumbar spine **is 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:

“According to neurological consult dated 6/17/13 by [REDACTED] MD, the patient presented with lower lumbar nerve root impingement at the L5-S1 levels on the right side due to herniated disc. Patient underwent a decompressive lumbar laminectomy and discectomy at the level of L5-S1 levels on the right side, performed on 07/31/2007. The patient was a computer engineer and was working at [REDACTED], at this time the patient was unemployed and was not working at this time because of getting severe cramping on the right leg. The patient was being treated extensively by Dr. [REDACTED], pain management in the past, now the patient was being treated by Dr. [REDACTED], pain management. The patient reported occasionally getting cramping on the right leg and right toes and is had difficulty with sleeping.”

“This patient had further investigation in 2010, and was seen by the attending physician on March 19, 2010, the patient had a lumbar spine x-ray and MRI scanning performed on 09/24/2009. It showed that the patient's disc space of the L5-S1 was collapsed and more likely impinging on the exiting nerve root. This patient was not able to function normally because of the cramping. The patient was going to be totally disabled: The patient was temporarily disabled at this time until further investigation performed.”

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 MRI 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, pages 308-310, which is a part of the MTUS.

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

Rationale for the Decision:

MTUS/ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery."

The medical records provided for review indicate there are no red flags documented. The medical records provided for review further indicate there is an MRI from 2009 and the employee has clear diagnosis of post-laminectomy syndrome. It is not certain what more is to be gained by getting another MRI. The provider does not address any new concerns other than the employee's continued pain. The employee is clearly not interested in surgical intervention and there does not appear to be any reason to pursue another MRI at this point. **The request for MRI for the lumbar spine is not medically necessary and appropriate.**

2) Regarding the request for nerve conduction velocity (NCV 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, and cited pages 303-305, which is a part of the MTUS, and on

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

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), NCV studies.

Rationale for the Decision:

ODG indicates nerve conduction studies are not needed except when peripheral neuropathy or other nerve problems are suspected.

A review of the medical records provided indicate that the diagnosis for this employee is quite clear. ODG guidelines do not support NCV studies for back or leg radiculopathies. **The request for a nerve conduction velocity (NCV lumbar spine is not medically necessary or appropriate.**

3) Regarding the request for electromyography (EMG 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, pg. 303-305, which is a part of the MTUS, and on the Official Disability Guidelines (ODG) (Current Version) Low Back, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303, Special Studies and Diagnostic Treatment Considerations, which is a part of the MTUS and the ODG Low Back, Electrodiagnostic Studies, which is not a part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines indicate that the use of electromyography (EMG)/H-reflex studies for investigation of low back problems is supported. A review of the medical records indicates that it is arguable whether or not the employee has a clinically clear radiculopathy. Given the equivocal findings on MRI, it is reasonable to provide a benefit of the doubt and allow the EMG/H-reflex studies to look at the employee's radiculopathy. It can also provide with the extent of damage and duration of nerve root problems at times. **The request for EMG of the lumbar spine is 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

/ejf

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.