

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	11/13/2007
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007376

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) electromyography/nerve conduction velocity of the bilateral lower extremities 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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **one (1) electromyography/nerve conduction velocity of the bilateral lower extremities 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 43 year old man with injury in 2007. He has been diagnosed with chronic musculoligamentous lumbar spine injury and degenerative disc disease of the lumbar spine. There has been prior MRI showing disc bulge and mild facet arthropathy as well as partial annular tear. Exam has shown lumbar tenderness, positive straight leg raising, decreased L5-S1 sensation.

### **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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for one (1) electromyography/nerve conduction velocity of the bilateral lower extremities:**

#### 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 Low Back Complaints American College of Occupational and Environmental Medicine, 2<sup>nd</sup> Edition Chapter 12-Low Back Complaints Table 12-8 which is part of the MTUS and the Official Disability Guidelines Online Edition Chapter: Low Back-Lumbar & Thoracic-EMGs, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), tables 12.4 and 12.7, which are part of the MTUS.

Rationale for the Decision:

MTUS Guidelines recommend that EMG may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative treatment, but do not recommend EMG for clinically obvious radiculopathy, as seen in this case. There is minimal evidence for NCV studies when the patient is presumed to have radiculopathy, as in this case. Combination of MRI findings and clinical exam are consistent with lumbar radiculopathy. EMG and NCV studies are not likely to change treatment options. **The request for 1 electromyography/nerve conduction velocity of the bilateral lower extremities 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, 18<sup>th</sup> 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.