
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 8/26/2011
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0007539

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 08/26/2011. The referenced diagnosis is a cervical strain. MRI imaging in this case has demonstrated a disc osteophyte complex at C3-C4 and a bulge at C4-C5. The medical records outlined substantial treatment for low back pain. An initial physician review notes that the medical file indicated new onset neck pain with tingling in every finger as well as normal upper extremity reflexes and decreased sensation in the bilateral upper extremities but did not document 4 weeks of conservative therapy for neck pain. Therefore, the initial reviewer concluded that the requested electrodiagnostic studies were not necessary. A physician note of 7/31/2013 notes that the rationale for the request is paresthesias of the bilateral upper extremities.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for nerve conduction velocity (NCV) and electromyography (EMG) studies is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, page 177-179, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, page 178, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

The ACOEM Guidelines state that EMG/NCV may help identify subtle focal and neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. By

strictly following these criteria, a prior physician reviewer recommended that NCV/EMG studies be noncertified until a period of conservative treatment was completed. However, in this case, the employee's initial symptoms appear to date back to the employee's date of injury in 2011. The electrodiagnostic studies requested at this time can therefore help to determine whether this employee's longstanding symptoms may have generalized to the upper extremity. In this situation, the requested electrodiagnostic studies can help guide diagnosis and treatment overall. **The request for NCV/EMG studies for the upper right extremity is medically necessary and appropriate.**

/dso

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.

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