

**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**

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Dated: **11/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/19/2006
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008889

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 electromyography nerve conduction test of the bilateral upper extremities is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **1 electromyography nerve conduction test of the bilateral upper extremities 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:**

The patient is a 57 Y, M with a date of injury 1/19/06. The patient's diagnoses include: cervical radiculopathy and myelopathy, status post cervical discectomy and fusion, lumbar sprain/strain, lumbar disc degeneration, and myofascial pain/myositis. The progress report dated 6/20/13 by Dr. [REDACTED] noted that the patient complained of pain across the mid-shoulders and back going down to the hands. The patient also reported numbness and tingling in the forearms, wrist and fingers. Exam findings included restricted cervical range of motion. The 7/9/13 progress report by Dr. [REDACTED] noted that the patient reported to have pain in the neck, lower back, and shoulder. Hypesthesia was noted on digits 2-5 of bilateral hands. EMG/NCV tests were requested for the upper extremities on 6/20/13 as it was noted that the patient had weakness in the upper extremity in the C5-6 myotome and dermatomal distribution of numbness.

### **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 1 electromyography nerve conduction test of the bilateral upper 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Table 8-8, Summary of Recommendation for Evaluating and Managing Neck and Upper Back Complaints, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 8, Neck and Upper Back Complaints, pg. 178, which is part of the MTUS.

Rationale for the Decision:

Medical records submitted and reviewed indicate that the employee does have chronic neck pain and radicular symptoms in the bilateral upper extremities. EMG/NCV tests were requested for the upper extremities on 6/20/13 as it was noted the employee had weakness in the upper extremity in the C5-6 myotome and dermatomal distribution of numbness. It was noted in the AME report dated 1/26/11 by Dr. [REDACTED] that the employee had an electrodiagnostic study done on 2/5/07. ACOEM guidelines state that "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks". This case appears to be supported by the guidelines noted above and the patient has not had any electrodiagnostic testing since 2007.

**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.