

MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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Independent Medical Review Final Determination Letter

2914
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0023078	Date of Injury:	07/21/1995
Claims Number:	[REDACTED]	UR Denial Date:	08/13/2013
Priority:	STANDARD	Application Received:	09/11/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
ELECTROMYOGRAPHY AND NERVE CONDUCTION			

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: UPHOLD. This means we decided that none 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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]

CLINICAL CASE SUMMARY

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

This patient is a 54-year-old male with a reported date of injury on 07/21/1995. Notes indicate that the patient has complaints of back pain secondary to a fall. Notes indicated at the time of injury that the patient fell forward onto the hands as they were outstretched, and the patient also has complaints of pain throughout the lumbar spine, as well as the mid low back. An undated clinical note indicates that the patient is status post T11-12 laminotomy secondary to spinal stenosis. However, notes indicated the patient maintains lower lumbar pain since surgery, with the patient maintaining neurologically good strength and sensation of both lower extremities.

IMR DECISION(S) AND RATIONALE(S)

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

1. Electromyography for bilateral upper and lower extremities for lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM guidelines, Low Back, EMG/NCV.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapters 8 and 12, pages 177-179 and 303-305, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states 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. CA MTUS states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. While electrodiagnostic testing may be indicated to help identify subtle, focal neurological changes in patients with neck or arm symptoms, and maybe useful in identifying symptoms in the low back, electromyographic studies are not needed for diagnosis of a lumbar spine either as chronic back pain or in determining lumbar spine stenosis. Given the above, the request for electromyography for bilateral upper and lower extremities for lumbar spine is not medically necessary and appropriate.

2. Nerve conduction velocities for bilateral upper and lower extremities for lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM guidelines, Low Back, EMG/NCV.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 8, pages 177-179, which are part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS states 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. CA MTUS does not specifically address nerve conduction velocity studies of the low back. However, the Official Disability Guidelines states that there minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) While the documentation submitted for review indicates that the patient has continued complaints of thoracolumbar pain, the physical evaluation of the patient notes tenderness of the thoracolumbar junction with neurologically good strength and sensation to both lower extremities. Therefore, there is a lack of documentation indicating significant neuropathology to support the recommendation for electrodiagnostic testing of either the upper or lower extremities. Given the above, the request for nerve conduction velocities for the bilateral upper and lower extremities of the lumbar spine is not medically necessary and appropriate.

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.

[REDACTED]

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