

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the electromyogram and nerve conduction study (EMG/NCS) of cervical spine requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/5/2013 disputing the Utilization Review Denial dated 3/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/3/2013. 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 electromyogram and nerve conduction study (EMG/NCS) of cervical spine requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 26, 2013.

“The patient in this case is a 49 year-old male who injured his neck on 02/28/2013. The patient was diagnosed with cervical radiculopathy. The patient was initially treated with medications. The recent medical record dated 3/15/13 indicates that the patient continues to experience upper back pain exacerbated with long driving. Current physical examination revealed positive Axial Loading test. There is decreased sensation of the right triceps and the fourth and fifth fingers.

This is a review for the medical necessity of the request for EMG/NCS of the cervical spine. However, there is no evidence in the medical reports submitted for this review of the patient’s failure to respond to four to six weeks of conservative care prior to the electrodiagnostic studies. The referenced practice guidelines do not recommend EMG for clinically obvious radiculopathy, with minimal justification provided for performing nerve conduction studies when the patient is presumed to have symptoms due to radiculopathy. There are no clinical findings suggestive of brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy that the requested EMG and NCS can help distinguish. In consideration of the foregoing issues and the referenced evidence-based practice guidelines, the medical necessity of the requested EMG/NCS of the cervical spine has not been established.”

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 3/26/13)
- Employee's Medical Records by [REDACTED] (dated 3/1/13 through 4/24/13)
- Employee's Medical Records by [REDACTED] (dated 3/26/13)
- Employee's Physical Therapy Treatment Log (3/26/13 to 4/11/13)
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 8: Neck and Upper Back Complaints (Pages 177-179)
- Official Disability Guidelines (ODG) (2009) – Neck and Upper Back Chapter: Electromyography (EMG) and Nerve Conduction Studies (NCS) Sections

1) Regarding the request for electromyogram and nerve conduction study (EMG/NCS) of cervical spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 8: Neck and Upper Back Complaints (Pages 177-179) Official Disability Guidelines (ODG) (2009) – Neck and Upper Back Chapter: Electromyography (EMG) and Nerve Conduction Studies (NCS) Sections of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the neck. Medical records provided and reviewed indicate radiculopathy is suspected due to positive axial loading test and decreased sensory findings in the hand. Guidelines recognize the potential value of electrodiagnostic testing in cases where 4-6 weeks of conservative therapy have not resulted in improvement. Medical records provided indicate conservative treatment greater than four (4) weeks with no improvement, which would meet the criteria for electromyogram and nerve conduction study (EMG/NCS) of the cervical spine. The proposed EMG/NCS 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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.