

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Electromyography/Nerve Conduction Velocity (EMG/NCV) of the right lower extremity **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 3/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/29/2013. 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 requested Electromyography/Nerve Conduction Velocity (EMG/NCV) of the right lower extremity **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 21, 2013.

“Comprehensive physiatry pain management consultation report dated 3/7/13 states that the claimant complains of low back and right leg pain. The claimant reports continued pain in the low back area rated 8/10. There is radiation of pain down into the right leg just above the knee. On examination, there are lumbosacral paraspinal muscle spasms with tender areas over the right lower facet joints and sacroiliac joint. Back flexion and extension are about 20-30 percent. The claimant exhibits an antalgic gait. Straight leg raising test in the sitting position elicits tightness in the right leg and low back. Treatment plan includes chiropractic or physical therapy and electromyography (EMG) nerve conduction velocity (NCV) to rule out possibility of any subtle radiculopathy.”

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 3/21/13)
- Doctor's First Report of Occupational Illness or Injury (dated 1/9/13)
- Employee's Medical Records by [REDACTED], M.D. (dated 3/7/13)
- [REDACTED] (dated 2/4/13)
- Request for Authorization for Medical Treatment (dated 3/7/13)
- Employee's Medical Records by [REDACTED] (dated 1/9/13 thru 4/1/13)

- Employee's Medical Records by [REDACTED] (dated 6/25/12 thru 3/18/13)

1) Regarding the request for Electromyography/Nerve Conduction Velocity (EMG/NCV) of the right lower extremity:

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 12 (page 303) and Official Disability Guidelines (ODG) (2009) – Low Back Procedure Summary, 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 sections of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was evaluated approximately two months after a work-related injury. She had findings that included positive straight leg raising and complaints of tightness in the right leg and low back. The evaluation suggests possible radiculopathy. The employee's strength and reflexes were normal. An EMG/NCV was requested to evaluate for possible subtle radiculopathy.

ACOEM guidelines (Neck and Upper Back Complaints Chapter, Page 178) support the use of EMG/NCV and H waves if conservative therapy has not improved symptoms within a month. The EMG/NCV of the right lower extremity 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.