
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

4/10/2013

1/28/2013

4/29/2013

CM13-0000257

- 1) MAXIMUS Federal Services, Inc. has determined the request for an NCS for bilateral lower extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an EMG for bilateral Lower extremities **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 an NCS for bilateral lower extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an EMG for bilateral Lower extremities **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer 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 & 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 10, 2013:

“Date of injury: 01/28/13 Diagnosis: 847.2- LUMBAR SPRAIN 722.10 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC 724.02- SPINAL STENOSIS OF LUMBAR REGION HX. Complains of low back pain. Difficulty standing from a sitting position. Ambulates with a significant limp on the left. Difficulty standing on his toes on the left. Has decreased range of motion of the lumbar spine and decreased strength. Has decreased sensation through the left lower extremity. Positive straight leg raise from seated position on the left at 75 degrees and mildly positive on the right at 90 degrees. Positive Patrick’s on the left. MRI report dated 03/20/2013 attached with abnormalities.”

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 (received 04/29/2013)
- Utilization Review Determination from [REDACTED] (dated 04/10/2103)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for an NCS for bilateral lower extremities :

Medical Treatment Guideline(s) 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 Guidelines, Chapters 12, 13 and 14 (Low Back Complaints, Knee Complaints, and Ankle/Foot Complaints) (2004), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the ACOEM Low Back Chapter used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/28/13 and experienced low back pain and pain in the hips to the knee. The medical records provided for review indicate that the employee reports burning, numbness and tingling of his low back. The record also indicates that upon examination the employee walked with a left leg limp and had lumbar lordotic curvature that was preserved. The request was submitted for an NCS for lower bilateral extremities.

The ACOEM guidelines indicate that nerve conduction velocities may be useful to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical records provided for review clearly identify radiculopathy on physical exam and there is decreased strength rated at 4/5 to his left lower extremity and his reflexes had been decreased. This indicates a functional deficit that would support a clinical diagnosis of radiculopathy and there does not appear to be a need to verify it with this study. The request for an NCS for lower bilateral extremities **is not medically necessary or appropriate.**

2) Regarding the request for an EMG for bilateral Lower extremities :

Medical Treatment Guideline(s) 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 Guidelines, Chapters 12, 13 and 14 (Low Back Complaints, Knee Complaints, and Ankle/Foot Complaints) (2004), which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the ACOEM Low Back Chapter used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/28/13 and experienced low back pain and pain in the hips to the knee. The medical records provided for review indicate that the employee reports burning, numbness and tingling of his low back. The record also indicates that upon examination the employee walked with a left leg limp

and had lumbar lordotic curvature that was preserved. The request was submitted for an EMG for bilateral lower extremities.

The ACOEM guidelines indicate that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The medical records provided for review indicate that the electrodiagnostic study was performed on 5/16/13 and the date of injury was 1/28/13. As such, the patient continued to report deficits for a period of time longer than 3 to 4 weeks. However, gross deficits were significant as reported on the clinical exam, as he had 4+/5 strength in the left EHL and left anterior tib was 4-/5. Sensory exam revealed diminished sensation to pinprick in the entire left leg. Reflex testing demonstrated knee jerks to be 1 and equal. Ankle jerks were 2 and equal. The patient had significant neurological deficits that were not subtle and indicated he had radiculopathy on clinical exam and there does not appear to be a need to verify it with this study. The request for an EMG for bilateral lower extremities **is not medically necessary or 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.