

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested nerve conduction velocity (NCV) study of the bilateral lower extremities **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/6/2013 disputing the Utilization Review Denial dated 4/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/8/2013. 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 nerve conduction velocity (NCV) study of the bilateral lower extremities **is not 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 25, 2013.

"This 19-year-old male was involved in a motor vehicle accident on 03/06/13 and is currently diagnosed with "low back strain with radiculitis on the left." A request for electromyography (EMG) and nerve conduction velocity (NCV) study of the bilateral lower extremities is made. This patient presents with "neck complaint with radicular symptoms to the mid back and head" and "low back with radicular symptoms to the bilateral lower extremities." He has neck pain that radiates to the mid back and head associated with headaches. He denies numbness, tingling or weakness. He also complained of low back pain that radiates to the lower extremities with weakness and tingling. Examination of the cervical spine and upper extremities noted the positive compression test, point tenderness, pain with pressure over the neurovascular tunnel over the forearm. Sensation is noted to be increased in the upper extremity, trace biceps reflex on the left and 1 + on the right. The lumbar spine examination noted pain at the end range of motion, positive straight leg raise test, and Tinel's sign is positive over the left femoral nerve and left peroneal nerve, and hypesthesia is noted over the left lower extremity. The right hip flexors were noted to be mildly weak at 4/5. The referenced treatment guidelines generally recommend EMG and NCV studies to evaluate neuropathic complaints after careful observation and treatment. The recent report also indicated that this patient is about to start on treatments, including PT, and his response remains to be seen, but the positive physical exam findings support the requested study as the study results will likely change the treatment plan. The medical necessity of the request for the EMG is established, but the cited guidelines do not support a NCV study unless there is difficulty making the diagnosis with the EMG."

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 5/6/13)
- Utilization Review Determination from [REDACTED] (dated 4/25/13)
- Physician Advisor Review from [REDACTED] (dated 4/24/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12 – Low Back, pg 308-310
- Official Disability Guidelines (ODG) (online edition updated 2013), Low Back – Lumbar & Thoracic Chapter, Nerve Conduction Section, Pain Chapter, EMG/NCS section
- Medical Records from [REDACTED] (dated 3/17/13 - 5/2/13)
- Initial Evaluation from [REDACTED] (dated 4/24/13)
- Medical Records from [REDACTED] (dated 3/13/13 - 3/15/13)
- Utilization Review Determinations from [REDACTED] (dated 4/23/13 – 4/29/13)

1) Regarding the request for nerve conduction velocity (NCV) study of the 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, 2nd Edition, (2004), Chapter 12 – Low Back Complaints, pg. 308-310, Chapter 13 – Knee Complaints, pg. 346-247, which is part of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) (online edition updated 2013), Low Back – Lumbar & Thoracic Chapter, Nerve Conduction Section, Pain Chapter, EMG/NCS section, which is a Medical Treatment Guideline (MTG) not in the MTUS and is the most recent version of the MTG, and The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Official Disability Guidelines (ODG) (online edition updated 2013), Low Back – Lumbar & Thoracic Chapter used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 3/6/13, the employee sustained an injury to the neck, left knee and low back in a motor vehicle accident. Medical reports revealed a left low back sprain with radiculitis and left upper extremity radiculitis. A neurological exam on 4/18/13 was normal and EMG/NCV of bilateral upper and lower extremities conducted that day revealed mild carpal tunnel syndrome with no significant denervation. Progress report dated 5/2/13 stated the employee continued to experience pain in the neck with constant headaches, mid back pain and low back with bilateral sciatica.

ACOEM guidelines do not specifically address the use of NCV without EMG. Upon review of the medical records the employee is experiencing neck, head

and low back pain with radicular symptoms. ODGs do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requested nerve conduction velocity (NCV) study of the bilateral lower extremities **is not 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

/lkh

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.