

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

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/6/2013
Date of Injury:	3/5/2013
IMR Application Received:	5/17/2013
MAXIMUS Case Number:	CM13-0000411

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV of the upper and lower extremities bilaterally **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/17/2013 disputing the Utilization Review Denial dated 5/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 EMG/NCV of the upper and lower extremities bilaterally **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 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 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.

Expert Reviewer Case Summary:

The patient is a 25-year-old male who reported an injury on 03/05/2013. The mechanism of injury (per first report of occupational injury or illness) was noted to be the patient was working in the green house for the [REDACTED], cleaning the walkway, and due to the ground not being treated right, the patient slipped and fell and hurt his back and bruised his left arm. The comprehensive report dated 04/22/2013 revealed the patient complained of pain in his upper and lower back and periodic numbness of both hands and legs. The history of the current symptoms revealed the patient complained of both arms and legs going numb periodically. The physical examination revealed the patient had mild tenderness around T11-12 and L2 through L4 area. Strength was noted to be 5/5 to the upper and lower extremities. Sensation of the upper and lower extremities showed no sensory deficits, except for the left hand which showed a slightly decreased sensation. It was stated that due to the fact they could not get an MRI (Due to the patient's ankle monitor) that they would obtain an EMG/NCV of the upper and lower extremities to define the numbness and pain radiating into the arms and legs. MRI of the lumbar spine dated 08/05/2013 (official reading per [REDACTED], MD) revealed T10-11, T11-12, L4-5 and L5-S1 had deteriorative disc level changes. It was stated they need axial images through the T10-11 and T11-12 to determine the presence or absence of any slight disc bulging or very small disc protrusion contained disc herniations. The patient was noted to have an upper right lumbar rotary scoliosis without psoas muscle asymmetry. The patient was noted to have a 2.5 mm central L5-S1 disc extension, very slightly effacing the epidural fat, but not abutting the thecal sac and/or S1 nerve root. The patient was noted to have a very small disc protrusion contained disc hernia versus anatomic disc protrusion needing clinical correlation. The patient was noted to have increased lumbosacral angulation with limited L4-5 and L5-S1 facet joint fluid, physiologic versus facet synovitis needing clinical correlation. The electrodiagnostic consultation dated 07/25/2013, detailed the patient had an electrodiagnostic evaluation including an NCV of his upper extremities per [REDACTED], MD which revealed a normal study. The study did not show electrodiagnostic evidence that would be consistent with either a cervical radiculopathy or with peripheral

nerve injury involving the upper extremities. The MRI of the cervical spine dated 08/05/2013 (official read per [REDACTED], MD) revealed the patient has a straightening of the cervical alignment correlating clinically for posttraumatic ongoing muscle spasm. The patient was noted to have a 4 mm left paracentral C6-7 disc protrusion/contained disc herniation slightly effacing the left ventral lateral aspect of the spinal cord, torquing it towards the right and therefore stretching the exiting left C7 nerve.

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 of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for EMG/NCV of the upper and lower extremities bilaterally:

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

The Claims Administrator based its decision on Neck and Upper Back Complaints (ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 8), page 177-179, and ACOEM, Low Back, pgs 308-310, which are part of the MTUS, and the Official Disability Guidelines, Neck and Upper Back, Electromyography (EMG) and Nerve Conduction Studies (NCS), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 9), page 177-179, 213, and 211-212, which is part of the MTUS, and Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 303-305, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck, arms or lower back, lasting more than 3 or 4 weeks. The clinical documentation submitted for review indicates the employee, by physical examination, had no deficits in motor strength; however, the employee was noted to have a deficit in the left hand. The employee has undergone an electrodiagnostic consultation including NCV on 07/25/2013 which ruled this a normal study. The MRI of the cervical spine revealed the employee had a 4 mm left paracentral C6-7 disc protrusion/contained disc herniation slightly effacing the left ventral lateral aspect of the spinal cord, torquing it towards the right and therefore stretching the exiting left C7 nerve, which could account for the tingling in the hand and the strength in the upper and lower extremities were noted to be 5/5. The sensation in the lower extremities was noted to be intact upon physical examination. The request for EMG/NCV of the upper and 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,

Paul Manchester, MD, MPH
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.