

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009



**Notice of Independent Medical Review Determination.
Case Number CM13-000059**

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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MAXIMUS Federal Services, Inc. has determined the electromyography and nerve conduction (EMG/NCV) for right upper extremity requested is **not medically necessary**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on March 14, 2013 disputing the Utilization Review Denial dated March 8, 2013. A Notice of Assignment and Request for Information was provided to the above parties on April 12, 2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the electromyography and nerve conduction (EMG/NCV) for right upper extremity requested is not medically necessary.

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, has a subspecialty certificate in headache medicine, 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 8, 2013.

“The patient is a 54-year-old male who had a motor vehicle accident (MVA) on 2/28/13. The patient has neck and right arm pain with sensory loss in the right C6 and C7 distribution. X-rays showed osteoarthritis (OA). Per the treating provider, the patient had a cervical CT in the emergency room (ER), but they do not have the report. Dr. [REDACTED] stated he saw him today and now he has diffuse sensory loss in the right hand. Explanation of Findings: The patient had an MVA a week ago with no attempt at conservative care. He had a cervical CT but has not provided those records for the treating provider to review. There is no indication at this time for the EMG or NCV, as the injury just occurred, findings are vague and nonspecific, they are not indicative of severe myelopathy, and the CT needs to be reviewed first.”

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 IMR
- Utilization Review by [REDACTED] (dated 3/8/13)
- Letter from [REDACTED] (dated 4/10/13)
- Medical Review by [REDACTED] (dated 3/6/13)

- Employee's Medical Records from [REDACTED] (dated 3/4/13 and 3/5/13)
- Employee's Medical Records from [REDACTED] (dated 3/4/13 through 3/6/13)
- Doctor's First Report of Occupational Illness or Injury signed by [REDACTED] [REDACTED] (dated 3/4/13)
- Request for Authorization for Medical Treatment signed by [REDACTED] (dated 3/5/13)
- Miscellaneous Medical Documentation
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004 Guidelines – pages 177-179

Regarding the request for electromyography and nerve conduction (EMG/NCV) for right upper extremity:

Medical Treatment Guideline(s) 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. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Employee records show that EMG/NCV was requested 4 days after acute injury, with subjective sensory findings and no objective motor or reflex findings. Cervical radiculopathy and cervical strain were diagnosed clinically.

Clinical literature and experience have shown many individuals with an acute neck injury, as in a motor vehicle accident, will experience pain and paresthesias. This usually resolves with conservative care such as physical therapy and appropriate analgesics and muscle relaxants. In cases where clinical improvement is not observed, further data regarding precise degree and localization of neurologic injury such as radiculopathy or plexopathy can guide appropriate further treatment. This may include neuroimaging (for example, computed tomography or magnetic resonance imaging) to evaluate anatomy for possible fracture or disc herniation.

EMG may be of value in confirming the level of radiculopathy or plexopathy for treatments such as epidural injections. Findings of denervation on EMG take time to develop, typically 2-4 weeks after nerve root injury. As such, there would be little value in EMG/NCV testing very acutely. In addition, because most individuals will have resolution of symptoms with conservative therapy, and not need invasive treatment, ACOEM guidelines appropriately advise conservative therapy first, with further testing only if it will alter treatment plans. Therefore, the requested EMG/NCV is not medically necessary.

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.