

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	10/7/2008
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010625

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one (1) electromyography/nerve conduction velocity 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 8/13/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 **one (1) electromyography/nerve conduction velocity 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 Neurology, and is licensed to practice in California and has subspecialty in Headache. 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 39 year old man who had injured his back in 2008. He has had negative NCV/EMG in 2009. MRI has shown discogenic changes at L4-5 and L5-S1, with foraminal protrusion. ESI was done 3/2013. In July 2013, there was report of 3 months of pain relief, now with increasing back and left leg pain. Exam showed positive straight leg raising, preserved strength and sensation, 1+ Achilles reflexes. NCV/EMG was requested to document necessity of ESI, and was denied.

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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for one (1) electromyography/nerve conduction velocity of the bilateral lower extremities:**

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 the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, table 12.8., Knee Complaints, Chapter 13, Table 13-6, Ankle and Foot Complaints, Chapter 14, Table 14-6, which are part of the

MTUS, and the Official Disability Guidelines, Low Back Chapter, Lumbar & Thoracic, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, table 12.8, which is part of the MTUS, and the Official Disability Guidelines, which is not part of the MTUS.

Rationale for the Decision:

This employee has chronic pain with diagnosis of disc protrusion and clinically obvious radicular findings, and has had negative electrodiagnostic study in the past.

ACOEM guidelines indicate EMG is recommended if no improvement after 1 month of treatment, and is not recommended for clinically obvious radiculopathy. ACOEM notes that EMG is indicated for disk protrusion and can be useful to identify subtle neurologic dysfunction. ODG states: EMG's (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 4-8 weeks conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Per ODG, NCVs are not recommended for low back conditions. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no clinical features that suggest neuropathy, for which NCV studies may be useful. As this employee has had negative electrodiagnostic study, no progression of neurologic deficits, clinically diagnosable radiculopathy, and no features suggesting neuropathy, electrodiagnostic testing is not warranted. **The request for one (1) electromyography/nerve conduction velocity 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.