

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	5/13/2013
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010789

- 1) MAXIMUS Federal Services, Inc. has determined the request for NCV right upper extremity **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCV left upper extremity **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 NCV right upper extremity is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCV left upper extremity 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, has a subspecialty in headache 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.

Expert Reviewer Case Summary:

The patient had been struck in the head, which resulted in headache and pain from neck to the spine, not down to the arms. When seen three days after injury, there was no numbness or tingling but there were headaches. Diagnosis was head injury and cervical strain. Weeks later, the diagnosis was concussion, and she was noted to be complaining of numbness in the arm. Exam reports showed no sensory loss, weakness or reflex changes. No signs of neuropathy are described. Cervical and lumbar radiculopathy was diagnosed. NCV testing was requested, and 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 NCV right upper extremity:

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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 177-179, which is part of

the MTUS, and the ODG Neck and Upper Back, Electromyography and Nerve Conduction Studies sections, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Neck and Upper Back Chapter, pages 177-179; and Forearm, Wrist, Hand Chapter, page 261, which are part of the MTUS.

Rationale for the Decision:

Per the ACOEM Guidelines, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. In this case, no features of entrapment such as carpal tunnel syndrome are described. Development of limb numbness following head injury is not likely to represent entrapment neuropathy for which NCVs would be useful. **The request for NCV right upper extremity is not medically necessary and appropriate.**

2) Regarding the request for NCV left upper extremity:

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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 177-179, which is part of the MTUS, and the ODG Neck and Upper Back, Electromyography and Nerve Conduction Studies sections, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Neck and Upper Back Chapter, pages 177-179; and Forearm, Wrist, Hand Chapter, page 261, which are part of the MTUS.

Rationale for the Decision:

Per the ACOEM Guidelines, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. In this case, no features of entrapment such as carpal tunnel syndrome are described. Development of limb numbness following head injury is not likely to represent entrapment neuropathy for which NCVs would be useful. **The request for NCV left upper extremity 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.