

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/11/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	2/19/2011
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-12480

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 2/19/2011. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 of the right lower extremity **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCV of the right lower extremity **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for NCV of the left lower 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, 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 is a 34 year old female who reported an injury on 02/19/2011. She has a history of tailbone pain and numbness, left leg pain and numbness down the back of her leg to her last two toes, and low back pain. Her diagnoses are Coccydynia, Lesion of Sciatic Nerve, and Lumbar Disc Displacement with Myelopathy. The patient was noted to have a normal MRI of the Lumbar Spine on 07/25/2012.

### **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 EMG of the right lower 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 CA MTUS Low Back Complaints, og 303-305, which is a part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter-EMG's, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 303-305, Special Studies abd Diagnostic and Treatment Considerations, which is a part of the MTUS and the ODG Low Back Chapter, Electromyography, which is not a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that the employee's subjective complaints include low back pain, tailbone pain and numbness, and pain into the back of the left leg through to the last two toes with numbness and tingling sensation. Recent objective findings have shown a positive left straight leg raise test, decreased reflexes in the left hamstring and left Achilles, positive bilateral Kemp's test, positive Milgram's test, positive Nachlas test, decreased range of motion in the lumbar spine, as well as tenderness and muscle spasm (+4) of the coccyx and lumbar spine muscles. Motor strength and sensation were noted to be normal. According to ACOEM guidelines, electromyography can be useful in patients with documented symptoms. However, the medical records provided for the employee have no documentation of symptoms in the right lower extremity. **The request for EMG of the right lower extremity is not medically necessary and appropriate.**

**2) Regarding the request for NCV of the right lower 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 CA MTUS Low Back Complaints, og 303-305, which is a part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter-EMG's, Nerve Conduction Studies (NCS), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conductions studies.

Rationale for the Decision:

California MTUS and ACOEM do not address this issue. A review of the records indicates that the employee's subjective complaints include low back pain, tailbone pain and numbness, and pain into the back of the left leg through to the last two toes with numbness and tingling sensation. Recent objective findings have shown a positive left straight leg raise test, decreased reflexes in the left hamstring and left Achilles, positive bilateral Kemp's test, positive Milgram's test, positive Nachlas test, decreased range of motion in the lumbar spine, as well as tenderness and muscle spasm (+4) of the coccyx and lumbar spine muscles. Motor strength and sensation were noted to be normal. The ODG guidelines for

nerve conduction studies state that the test is not recommended. In addition, the medical records provided for the employee have no documentation of radicular findings, subjective or objective, in the right lower extremity. **The request for NCV of the right lower extremity is not medically necessary and appropriate.**

**3) Regarding the request for NCV of the left lower 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 CA MTUS Low Back Complaints, og 303-305, which is a part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter-EMG's, Nerve Conduction Studies (NCS), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conductions studies.

Rationale for the Decision:

California MTUS and ACOEM do not address this issue. The ODG guidelines for nerve conduction studies state that the test is not recommended as there is minimal justification for doing these studies when it is already presumed that the patient has symptoms related to radiculopathy. Additionally, these tests have limited accuracy in diagnosing disc herniation with suspected radiculopathy. A review of the records indicates that the employee has documented symptoms and objective findings of radiculopathy in the left leg, including radiating pain down the back of her leg, positive straight leg raises, and decreased reflexes. Therefore, the employee does have symptoms of radiculopathy, and the guidelines state that nerve conduction studies are not recommended when the patient is presumed to have symptoms related to radiculopathy. **The request for NCV of the left lower 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, 18<sup>th</sup> 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.

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