

## Independent Medical Review Final Determination Letter

306

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0015758	<b>Date of Injury:</b>	07/31/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/23/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] D.O.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
1) EMG/NCV OF THE LUMBAR SPINE AND LOWER EXTREMITIES 2) IBUPROFEN 600MG #60			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 31, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the lumbar spine on March 31, 2013, notable for a 5 to 6 mm central and left paramedian disc protrusion at L5 with associated left-sided nerve root impingement; and reported return to regular duty work.

In a utilization review report of August 7, 2013, the claims administrator partially certified a request for electrodiagnostic testing of the bilateral lower extremities to an EMG of the left lower extremity alone to definitively establish the presence of radiculopathy.

The applicant's attorney later appealed, on August 19, 2013.

An earlier note of July 23, 2013 is notable for comments that the applicant presents with unchanged low back pain, 5/10. Medications are helping to reduce his pain temporarily. He exhibits a normal gait, normal lower extremity strength, and positive straight leg raising. Sensorium and reflexes are intact. Recommendation is made for the applicant to continue Motrin for pain relief and return to regular duty work. Electrodiagnostic testing is sought.

An earlier note of June 6, 2013 is also notable for comments that applicant reports persistent low back pain shooting down the left leg.

## **IMR DECISION(S) AND RATIONALE(S)**

The Final Determination was based on decisions for the disputed items/services set forth below:

### **1. EMG of the lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 12, page 304, Table 12-7, which is part of the MTUS; and the Official Disability Guidelines, NCS, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, Table 12-8, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-Adopted ACOEM guidelines in chapter 12 table 12-8, EMG is "not recommended" for clinically obvious radiculopathy. In this case, the applicant does, indeed, have a clinically evident and radiographically confirmed lumbar radiculopathy. The applicant has a herniated lumbar intervertebral disc at L5-S1, which is generating the applicant's left-sided radicular complaints. The diagnosis of lumbar radiculopathy has already been definitively established. EMG testing is, by reference, superfluous. Therefore, the request remains non-certified, on independent medical review.

### **2. NCV of the lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 67, which is part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the ACOEM Guidelines, 2<sup>nd</sup> Edition, Update to Chapter 12, pages 60-61.

The Physician Reviewer's decision rationale:

The MTUS does not specifically address the topic of nerve conduction testing for lower extremities. As noted in the updated ACOEM Guidelines, nerve conduction studies can rule out other causes of lower limb symptoms such as generalized peripheral neuropathy, peroneal compression neuropathy, etc. which can mimic sciatica. In this case, however, as with the EMG request, the applicant already has an established diagnosis of clinically evident and radiographically confirmed lumbar radiculopathy secondary to herniated lumbar intervertebral disc at L5-S1. Neither EMG testing nor NCS testing is indicated here as the diagnosis of lumbar radiculopathy has already been definitively established. Therefore, the request is not certified on independent medical review.

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.

[REDACTED]

CM13-0015758