

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

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[Redacted]

Dated: 12/23/2013

IMR Case Number:	CM13-0016929	Date of Injury:	07/20/2012
Claims Number:	[Redacted]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/27/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted], MD		
Treatment(s) in Dispute Listed on IMR Application:			
EMG/NCS OF BILATERAL UPPER EXTREMITIES			

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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]

CLINICAL CASE SUMMARY

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

This is a male patient with a date of injury of July 20, 2012. A utilization review determination dated August 13, 2013 recommends non-certification for EMG/NCS of bilateral lower extremities. The utilization review determination states, "there is no indication of focal neurologic deficit on examination available for review with understanding from the treating physician that recent electrical diagnostic studies of the right lower extremity performed in early July 2013 were already noted to be normal. Based on the claimant's recent normal study and lack of significant neural compressive findings on examination to the lower extremities, the role of the proposed treatment cannot be deemed medically necessary at present." In progress report dated August 29, 2013 indicates subjective complaints stating, "he continues to have chronic pain in the neck and lower back. The patient indicates the pain is ranges up to 9 on a scale of 10 and is brought on with such activities as bending, lifting, twisting, prolonged standing, prolonged sitting, getting out of cars and chairs, straining at stool, walking and lying flat." Physical examination identifies, "There is decrease range of motion of the cervical and lumbar spine secondary to pain. There is positive cervical tenderness and paraspinal muscles spasming. There is positive tripezial tenderness and spasming. There is positive lumbar tenderness and paraspinous muscle spasming. Sensation is globally decreased over the right and left upper and lower extremities. Reflexes are hypo-reactive in the upper and lower extremities with the exception of the right and left wrist extensors which are 1+." Discussion states, "at this point, I do feel the patient should be evaluated by a spinal surgeon for his neck and back, noting that the patient has significant loss of sensation of the upper and lower extremities in addition to significant disc pathology noted on both MRIs of the neck and back. This evaluation should be undertaken as soon as possible." They go on to recommend continuing medication use. A progress note dated July 23, 2013 identifies "chronic pain in the neck, mid back and lower back pain involving the right and left lower extremities and periodic pain involving

the right and left thighs." Physical examination identifies "sensation is intact over all dermatomes of the upper and lower extremities, with the exception of the right and left legs below the knees." Diagnostic studies include "electrodiagnostic studies of the right lower extremity dated July 8, 2013 is within normal limits." discussion states "at this point, i do feel the patient would benefit from the electrodiagnostic studies of both the upper and lower extremities and the left lower extremity. It is noted that the patient has only had electrodiagnostic studies of the right lower extremity. Additionally, we will refer the patient to Dr. [REDACTED] for surgical consideration. I would also like to review the old MRI of the lumbar spine."

IMR DECISION(S) AND RATIONALE(S)

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

1. EMG/NCS of the bilateral upper extremities is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg 303, Electrodiagnostic testing, which is part of the MTUS, and

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pages 178 & 182, which is part of the MTUS, and the Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Regarding the request for bilateral upper extremity EMG/NCS, Occupational Medicine Practice Guidelines recommend performing electromyography and nerve conduction velocity testing when the neurologic examination is unclear. ODG goes on to state that electrodiagnostic testing is recommended to differentiate radiculopathy from other neuropathies or nonneuropathic processes if other diagnoses may be likely based on the clinical exam. Within the documentation available for review, there is no indication of any neurologic findings in the patient's upper extremities. There is no indication that the patient has findings in a dermatomal distribution, or poly-neuropathic distribution. The most specific physical examination findings identify that the patient's "sensation is globally reduced." It is unclear whether individual dermatomes were tested, and what the sensation findings might have been in those areas. Additionally, it does not appear that manual muscle testing was performed to identify whether or not there is any myotomal weakness. Guidelines clearly recommend utilizing a thorough physical examination to identify any neurologic compromise, before requesting additional testing. **The request for EMG/NCS of the bilateral upper extremities is not medically necessary and appropriate.**

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[REDACTED]

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