
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
6/20/2013

5/22/2013

7/17/2013

CM13-0001794

- 1) MAXIMUS Federal Services, Inc. has determined the requested EMG Left Lower Extremity **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested NCS Left Lower Extremity **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 6/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested EMG Left Lower Extremity **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested NCS 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 Physical Medicine and Rehabilitation, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 20, 2013:

" 47 year old man with a DOI 5/22/2013, a fall with multiple contusions, particularly to the left leg, as well as the development of back pain. As part of treatment, 9 sessions of PT were authorized 5/31/2013. In follow up 6/12/2013, the therapy had yet to be completed or even started due to the claimant missing appointments. The examination reports an intact neurological status."

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 for Independent Medical Review (received 7/7/2013)
- Utilization Review Determination from [REDACTED] (dated 6/20/2013)
- Medical Treatment Utilization Schedule

NOTE: Medical Records were not submitted timely by the claims administrator

1) Regarding the request for EMG Left Lower Extremity:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 12) pg. 303. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 22, 2013 resulting in left leg pain and lower back pain. No medical records were provided for review, but the utilization review determination dated 06/20/2013 indicates physical therapy was authorized but not completed. The request is for EMG left lower extremity.

The MTUS ACOEM guidelines indicate that, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." No medical records were provided for review which would document findings which would meet guideline criteria for EMG of the lower extremity. The request for EMG left lower extremity is not medically necessary and appropriate.

2) Regarding the request for NCS Left Lower Extremity:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidence-based guidelines for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTU) did not address the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back-Thoracic, a Medical Treatment Guideline (MTG) which is not a part of MTUS as relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on May 22, 2013 resulting in left leg pain and lower back pain. No medical records were provided for review, but the utilization review determination dated 06/20/2013 indicates physical therapy was authorized but not completed. The request is for Nerve Conduction Studies (NCS) left lower extremity.

The Official Disability Guidelines (ODG), guidelines do not recommend nerve conduction studies for the low back. There is minimal justification for performing

NCS when a patient is presumed to have symptoms on the basis of radiculopathy. There were no medical records for review to verify whether the employee has findings in the lower extremity which would meet guideline criteria NCS of the lower extremity. The request for NCS 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/ slm

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.