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**Notice of Independent Medical Review Determination**

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/9/2013  
Date of Injury: 2/10/1999  
IMR Application Received: 7/17/2013  
MAXIMUS Case Number: CM13-0001882

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG of the bilateral lower extremities **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCS of the bilateral lower extremities **is 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 7/9/2013. 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 request for EMG of the bilateral lower extremities **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for NCS of the bilateral lower extremities **is 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 July 9, 2013:

“Review of medical documentation identifies that the claimant sustained an industrial injury on 03/08/94. The documentarion docs not describe specifics regarding mechanism of injury. The claimant has been under the care of treating physician for cervical disc disorder, shoulder pain, chronic back pain and neck pain. No diaagnostlc studies were provided for review. The most recent evaluation provided for review is from 06/27/13. The claimant presented with neck pain radiating from the neck down to the right arm and back pain radiating from low back down to both legs. Lower back ache, right shoulder pain and bilateral feet pain, tingling over both feet and numbness over both feet is reported. The claimant's pain level has increased since last visit. She denies any other symptoms other than the pain. Quality of sleep is fair. She denies any new injuries since last visit. Activity level has remained the same. The claimant is taking her medication as prescribed. She reports increased pain in both lower extremities with the occurrence of numbness and tingling in both feet. It is persistent in getting progressively worse for the past couple of months. Physical exam demonstrates the claimant appears to be mild distress and in mild pain. The claimant ambulates without a device. Her gait is normal. Exam of the cervical spine shows paravertebral muscles are normal. All upper limb reflexes are equal and symmetric. Lumbar spine palpation revealed paravertebral muscles, hypertonicity and tenderness is noted on both sides. Lumbar facet loading is negative on both sides, Straight leg raising test is negative. Babinski sign is negative. All lower extremity reflexes are equal and symmetric. Shoulder exam shows no limitation is noted on flexion, extension, abduction, adduction, active elevation, passive elevation, internal rotation or external rotation. Motor strength

of EHL is 5-/5 on both sides. She moves all extremities well. On sensory exam, light touch sensation is decreased over lateral foot, medial foot on both the sides and patchy in distribution. Hoffman sign is negative. Waddell sign is negative. The claimant reports increased pain in both lower extremities with occurrence of numbness and tingling in both feet.”

#### **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 7/17/2013)
- Utilization Review Determination from [REDACTED] (dated 7/9/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

#### **1) Regarding the request for EMG of bilateral lower extremities:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), (2008), Chapter 12, a medical treatment guideline, not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, pg. 303, part of the MTUS, applicable and relevant to the issue at dispute.

##### Rationale for the Decision:

The employee was injured in a work-related incident on 3/08/94. The submitted and reviewed medical records indicate diagnoses include: cervical disc disorder, shoulder pain, chronic back pain, and neck pain. Prior treatment has included multiple medications. A medical report dated 6/27/13 indicates the employee experiences neck pain radiating down the right arm, lower back pain radiating down both legs, and numbness and tingling to the bilateral feet. A request has been submitted for EMG of bilateral lower extremities.

ACOEM guidelines note that “electromyography (EMG), including H-reflex tests, may be used to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks”. The submitted records document lower back pain and numbness, tingling and pain radiating down both legs to the feet, with decreased sensation to light touch over the medial and lateral feet. ACOEM guidelines support the requested EMG of bilateral lower extremities in this case. The request for EMG of bilateral lower extremities is **medically necessary and appropriate.**

## 2) Regarding the request for NCS of the bilateral lower extremities:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), (2008), Chapter 12, a medical treatment guideline not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> edition, (2004), Chapter 12, pg. 303, part of the MTUS, applicable and relevant to the issue at dispute.

### Rationale for the Decision:

The employee was injured in a work-related incident on 3/08/94. The submitted and reviewed medical records indicate diagnoses include: cervical disc disorder, shoulder pain, chronic back pain, and neck pain. Prior treatment has included multiple medications. A medical report dated 6/27/13 indicates the employee experiences neck pain radiating down the right arm, lower back pain radiating down both legs, and numbness and tingling to the bilateral feet. A request has been submitted for EMG of bilateral lower extremities.

ACOEM guidelines note that electromyography, including H-reflex tests, may be used to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks. The employee has paresthesia down both legs and into both feet which has been progressive for two months. This is suggestive of radiculopathy or peripheral or polyneuropathy. H-reflex tests, supported by the guidelines, are part of a NCS. The request for NCS of the bilateral lower extremities **is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

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.