
Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	2/9/2006
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002542

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral lower extremity EMG/NCS **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for psychiatric consultation **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 bilateral lower extremity EMG/NCS **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for psychiatric consultation **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 & 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 11, 2013:

“The 39-year-old patient reported an industrial injury to on 2/9/2006, over seven (7) years ago, to his right shoulder and right groin. The industrial claim is accepted for the right shoulder and right groin only. [REDACTED] MD, [REDACTED] MD and [REDACTED] MD are not members of the [REDACTED] MPN. There is no demonstrated medical necessity for the prescribed EMG/NCS or the referral to a psychologist as the AME has not established this in the provisions for future medical care. The treatment of the back, bilateral knees, elbow, ankles, or wrists has not been recommended by the AME in the provisions for future medical care. The patient is being treated under the provisions for future medical care by Dr. [REDACTED]-AME. The treatment requested by Dr. [REDACTED] is inconsistent with the recommendations for future medical care established by Dr. [REDACTED] as AME.”

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 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/11/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral lower extremity EMG/NCS :

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

The Claims Administrator based its decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 303, which is part of the California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Low Back Chapter, a medical treatment guideline, not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial-related injury on 2/9/06. The submitted and reviewed medical records indicate diagnoses include right shoulder impingement syndrome with AC joint arthrosis and depression. The records indicate that the employee experiences bilateral ankle pain, low back pain, and bilateral elbow pain. The request was submitted for bilateral lower extremity EMG/NCS.

The ACOEM guidelines for EMG state that, EMG, including H-wave tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The submitted and reviewed medical records indicate lower back pain 9/10 radiating down bilateral lower extremities with right more painful than left and depression. A progress report dated 5/7/13 notes bilateral ankle pain, low back pain, and bilateral elbow pain and diagnoses of lumbar spine disc bulges with radiculopathy and lumbar spine degenerative disc disease. The request is in accordance with guideline recommendations. The request for bilateral lower extremity EMG/NCS is **medically necessary and appropriate.**

2) Regarding the request for psychiatric consultation :

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

The Claims Administrator based its decision on the Stress Related Conditions Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 15), pg. 398, and the Official Disability Guidelines (ODG) (current version), Mental Stress Chapter and Pain Chapter, a medical treatment guideline not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found Chronic Pain Medical Treatment Guidelines (2009), Psychological evaluations, pg. 100-102, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial-related injury on 2/9/06. The submitted and reviewed medical records indicate diagnoses include right shoulder impingement syndrome with AC joint arthrosis and depression. The records

indicate that the employee experiences bilateral ankle pain, low back pain, and bilateral elbow pain. The request was submitted for psychiatric consultation.

The MTUS Chronic Pain guidelines recommend psychological evaluations in patients with chronic pain to distinguish between conditions that are preexisting or work related and to determine if further psychosocial interventions are indicated. In this case, the medical records submitted for review indicate that the employee has been treated for multiple unresolved chronic pain conditions. The request is in accordance with guideline recommendations. The request for psychiatric consultation **is medically necessary or 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

/th

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.