
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	1/20/1999
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003303

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV of all four extremities **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for blood test **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for ABI (vascular screening test) **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for VNG (balance test) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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/NCV of all four extremities **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for blood test **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for ABI (vascular screening test) **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for VNG (balance test) **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 Preventive Medicine and 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 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 15, 2013:

“According to the clinical documentation, the patient is a 63-year-old who sustained an injury on 01/20/99 when a roof latch door fell on the patient's head. According to the Neurology Consultation Report by Dr. [REDACTED] dated 06/17/13, the patient was seen for evaluation of pain in the bilateral legs, balance problem and lower back pain. The patient was status post neck and back surgery in 2012. The patient complained of lower back pain, leg pain, balance problem, and numbness in the bilateral legs since 2010. These symptoms started while the patient was working about 11 years ago at the job and these were getting worse that was associated with shaking of the hands. Right hand had more shaking compared to the left. The pain was off and on and the numbness varied. The pain was worse at night and severity ranged from 8/10 to 9/10. The patient had to get up and walked around the night and the patient had trouble sleeping. The patient saw a pain specialist in the past and also had blood test, magnetic resonance imaging (MRI) of the spine, physical therapy, physical therapy, and medication. The patient also complained of weakness in the bilateral legs. The patient had frequent falling and was having problem with the balance. The patient was currently taking medication but unable to recall the names of the medication. Name, dose and scheduled use of

the medication were not documented. Past medical history was significant for hypertension, hypercholesterolemia, neck pain, back pain, head injury in 2001, and occasional headaches. The patient was status post neck and back surgery in 2001. Family history was significant for colon cancer and kidney failure. The patient's mother has history of alcoholism. Social history was significant for smoking half pack per day for the past 20 years and on and off drinking of alcohol cocktail. Review of system was positive for impaired appetite and sleep. The patient lost seven pounds in the past year. The patient denied difficulty with dizziness but had difficulty with bearing. On examination, the patient was 5'8" tall and weighed 193 pounds. There was impaired coordination in the left upper extremity. There was tenderness in the cervical spine and lumbosacral region. The patient had well-healed and non-tender surgical scar in the spine. Motor strength in the left upper extremity and left lower extremity was graded 5-/5. There was significant diminished sensation in the left upper and left lower extremity. Deep tendon reflexes were graded 1 + bilaterally and symmetrical. The patient had cautious gait and was unable to do tandem walking. Romberg test was abnormal with eye closure. Range of motion of the cervical spine and lumbar spine was diminished. Clinical assessment included complaint of back pain, neck pain, balance problem, numbness, pain in the bilateral legs, and frequent fall. Possible diagnoses were low back pain, balance problem, neck pain, status post neck surgery in 2001, status post lumbosacral region surgery in 2001, and history of hypertension, and hypercholesterolemia. Complete blood count, "master chem", ANA, RPR, sedimentation rate, TSH, lipid panel fasting, serum methlymalonic acid, B I2, folic acid, and vitamin D level was suggested. VNG, balance test, ABI, and EMG/NCS of all four extremities were suggested. Cricell Suarez, Claims Adjuster, sent A Request for Additional Information Letter to Dr. [REDACTED] on 07/03/13. Request was made for a signed DWC Form RF A along with documentation that would substantiate the requested treatment. According to the case summary, the patient's future care was outlined that included x-rays or MRI, physical therapy, and conservative care with no anticipation of surgery. Actual report with recommended future care was not submitted with this request. According to the case summary, there was a medical report dated 05/17/13 where medications listed included "trazadone", Aleve, Androgel 1.62 Gel pump, Avodart 0.5mg, aspirin 81mg, gabapentin 300mg; Losartan, potassium gluconate 595 mg, Salonpas Patch; simvastatin 10mg, and Vicks Nyquil cough. This is a review for medical necessity of EMG/NCV all four extremities, blood test, ABI (Vascular screening test), and VNG (balance test)."

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 7/25/2013)
- Utilization Review Determination from [REDACTED] (dated 7/15/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for EMG/NCV of all four 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), 2nd Edition, (2004) pages 177-179, 308-310, which is part of the Medical Treatment

Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on Neck and Upper Back Complaints, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Special Studies, and Low Back Complaints, ACOEM, 2nd Edition, (2004) Special Studies, and Ankle and Foot Complaints, ACOEM, 2nd Edition, (2004) Table 14-6, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 1/20/1999 resulting in chronic neck, chronic low back pain, balance problems, and numbness about the legs. The medical records provided for review indicate treatments have included analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar spine surgeries in 2001, subsequent C4 to C7 laminectomy, subsequent L3-L4 laminectomy, and unspecified amount of physical therapy. The request is for EMG/NCV of all four extremities.

MTUS Guidelines state that electrodiagnostic testing may help identify subtle focal neurologic dysfunction in those individuals with neck and/or arm complaints that have persisted for more than three to four weeks. Per the medical records reviewed, the employee has had ongoing issues with shaking, numbness, tingling, and etc. about the bilateral upper extremities for several years, of uncertain etiology. The request for EMG/NCV of all four extremities **is medically necessary and appropriate.**

2) Regarding the request for blood test:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue at dispute. The Expert Reviewer based his/her decision on Medscape - Dizziness, Vertigo, and Imbalance Workup, Author: Hesham M. Samy, MD, PhD; Chief Editor: Robert A. Egan, MD, Approach Considerations.

Rationale for the Decision:

The employee sustained a work-related injury on 1/20/1999 resulting in chronic neck, chronic low back pain, balance problems, and numbness about the legs. The medical records provided for review indicate treatments have included analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar spine surgeries in 2001, subsequent C4 to C7 laminectomy, subsequent L3-L4 laminectomy, and unspecified amount of physical therapy. The request is for blood test.

The MTUS does not specifically address the topic. As noted in the Medscape article, blood testing is part of the workup for issues with dizziness and balance disturbance. For example, the employee's issues with dizziness could be considered a function of anemia, hypothyroidism, or other systemic disease. Serologic workup of the applicant to determine the presence or absence of a systemic disease is supported in the context of the employee's multiple

neurologic complaints. The request for blood test **is medically necessary and appropriate.**

3) Regarding the request for ABI (vascular screening test):

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The Expert Reviewer based his/her decision on Ankle and Foot Complaints, ACOEM, 2nd Edition, (2004) Table 14-1, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 1/20/1999 resulting in chronic neck, chronic low back pain, balance problems, and numbness about the legs. The medical records provided for review indicate treatments have included analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar spine surgeries in 2001, subsequent C4 to C7 laminectomy, subsequent L3-L4 laminectomy, and unspecified amount of physical therapy. The request is for ABI (vascular screening test).

MTUS-adopted ACOEM guidelines state that performing ankle branchial indices (ABI) testing helps individuals determine whether there is a vascular component to the individual's complaint. In this case, the employee's complaints of claudication-like pains, cautious gait, and history of falling does suggest the presence of progressive vascular compromise. The request for ABI (vascular screening test) **is medically necessary and appropriate.**

4) Regarding the request for VNG (balance test):

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not address the issue at dispute. The Expert Reviewer based his/her decision on Medscape - Dizziness, Vertigo, and Imbalance Workup, Author: Hesham M. Samy, MD, PhD; Chief Editor: Robert A. Egan, MD, Clinical Yield of Vestibular Tests.

Rationale for the Decision:

The employee sustained a work-related injury on 1/20/1999 resulting in chronic neck, chronic low back pain, balance problems, and numbness about the legs. The medical records provided for review indicate treatments have included analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar spine surgeries in 2001, subsequent C4 to C7 laminectomy, subsequent L3-L4 laminectomy, and unspecified amount of physical therapy. The request is for VNG (balance test).

The Medscape article on dizziness, vertigo, and imbalance workup states that the clinical yield of vestibular test is often quite low. Most abnormality detected by vestibular testing can be identified by means of a carefully conducted office

vestibular exam. In this case, it is further noted that numerous other higher yield tests which may identify the source of the employee's systemic, multifocal complaints have been deemed medically necessary and appropriate through this independent medical review, including laboratory testing, ankle-brachial indices testing, and electrodiagnostic testing. The request for VNG (balance test) **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

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