

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	1/28/2013
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004388

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCS of the right lower extremity is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCS of the left lower extremity is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 **NCS of the right lower extremity is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCS of the left lower extremity 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.

### **Expert Reviewer Case Summary:**

In the case of this injured worker, there are some clinical symptoms and signs which would indicate lumbar radiculopathy, but then there are other signs which make it equivocal. The patient has had a lumbar MRI performed on 3/28/13 which indicates 2 levels of herniated disks at L4-5 and L5-S1. Exam wise, there is reduced sensory perception in the right L5 distribution and some give-way weakness affecting the EHL. However, there are negative neural tension signs and the deep tendon reflexes are symmetrically 2/4 in the lower extremities.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for NCS of the right lower extremity :**

Section of the Medical Treatment Utilization Schedule 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) Guidelines, 2<sup>nd</sup> Edition, Chapter 12, Low Back, Table 12-8, which is part of the MTUS, and the Official Disability Guidelines, Low Back, Nerve Conduction Studies, which is not part of the MTUS.

The Expert Reviewer The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, Chapter 12, Low Back, Table 12-8, which is part of the MTUS.

Rationale for the Decision:

For this clinical picture, electrodiagnostic testing including nerve conduction studies can clarify the picture. The most important component of electrodiagnostic testing for radiculopathy is the needle electromyography, which has already been certified. Needle EMG can show evidence of active or chronic denervation of two peripheral nerves that originate from the same lumbar nerve root, which would suggest a radiculopathy. However, a peripheral neuropathy could not be excluded in this case, and nerve conduction studies help to solidify the radiculopathy diagnosis. It is standard of practice to include nerve conduction studies (including H-reflex which can test for S1 radiculopathy) along with needle EMG to rule in radiculopathy. Radiculopathy can be supported by the presence of normal sensory nerve action potentials (as opposed to peripheral neuropathy). The reason sensory SNAPs should be expected to be normal is that the radicular lesion is proximal to the dorsal root ganglion. NCS can be assistive in ruling in radiculopathy. **The request for NCS of the right lower extremity is medically necessary and appropriate.**

**2) Regarding the request for NCS of the left lower extremity :**

Section of the Medical Treatment Utilization Schedule 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) Guidelines, 2<sup>nd</sup> Edition, Chapter 12, Low Back, Table 12-8, which is part of the MTUS, and the Official Disability Guidelines, Low Back, Nerve Conduction Studies, which is not part of the MTUS.

The Expert Reviewer The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, Chapter 12, Low Back, Table 12-8, which is part of the MTUS.

Rationale for the Decision:

For this clinical picture, electrodiagnostic testing including nerve conduction studies can clarify the picture. The most important component of electrodiagnostic testing for radiculopathy is the needle electromyography, which has already been certified. Needle EMG can show evidence of active or chronic denervation of two peripheral nerves that originate from the same lumbar nerve root, which would suggest a radiculopathy. However, a peripheral neuropathy could not be excluded in this case, and nerve conduction studies help to solidify the radiculopathy diagnosis. It is standard of practice to include nerve conduction studies (including H-reflex which can test for S1 radiculopathy) along with needle EMG to rule in radiculopathy. Radiculopathy can be supported by the presence of normal sensory nerve action potentials (as opposed to peripheral neuropathy). The reason sensory SNAPs should be expected to be normal is that the radicular lesion is proximal to the dorsal root ganglion. Since this is a request for a left leg which is asymptomatic, the values obtained for H-reflexes and nerve conduction studies on the left lower extremity can serve as control values for a comparison with the right lower extremity, which is symptomatic. NCS can be assistive in ruling in radiculopathy. **The request for NCS of the left lower extremity 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,

Paul Manchester, MD, MPH  
Medical Director

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

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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.