

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	11/10/2010
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004685

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCV of the bilateral lower extremities** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG 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 7/30/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 **NCV of the bilateral lower extremities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG 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 Pain Management and is licensed to practice in Texas. 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:

The patient is a 58-year-old male who reported an injury on 03/31/2011. The clinical note dated 07/03/2012 stated that the patient had 8/10 neck pain that radiated into the left hand, and 9/10 back pain that radiated into the left foot. The patient was prescribed Ultracet 37.5/325 mg, Anaprox, and Gabapentin 600 mg. The patient underwent a urine drug screen on 07/20/2012 that revealed a negative result for Gabapentin and Tramadol. This was inconsistent with the patient's prescribed medication schedule. The patient received 11 acupuncture treatments from 07/25/2012 to 08/29/2012. It was noted that the patient's pain was decreased from a level of 7 to 5. A Qualified Medical Evaluation dated 08/31/2012 stated that the patient complained of sharp low back pain and numbness of the left lower extremity. Physical findings included good muscle strength in both lower extremities and some decreased sensation of the left lower extremity. Clinical note dated 02/28/2013 stated that the patient had 8/20 low back pain with muscle spasms that were exacerbated by movement. Physical findings included limited range of motion in flexion at 38 degrees, in extension at 5 degrees, and right lateral flexion at 15 degrees due to pain. The patient submitted to a urine drug screen on 02/28/2013 that was positive for amitriptyline which was not reported as part of the patient's prescribed medication schedule. The patient received additional acupuncture treatments on 03/19/2013, 03/26/2013, 04/02/2013, and 04/16/2013. Clinical note dated 04/09/2013 stated that the patient had low back pain rated at an 8/10 with spasms that was exacerbated by prolonged activities. Physical findings included restricted range of motion described as 35 degrees in flexion, 5 degrees in extension, and 25 degrees in right and left lateral flexion. There was pain in all planes. MRI of the lumbar spine dated 05/21/2013 revealed that (1) there were diffuse disc bulges at the L3-4 and L5-S1 levels causing mild narrowing of the central canal and neural foramina bilaterally; (2) there were mild diffuse disc bulges at the T12-L1 to L2-3 and L4-5 discs without any

significant canal or neural foraminal narrowing; (3) there was generalized facet arthropathy, and evidence of a wedge compression fracture of the L4 vertebral body with mild anterior wedging of the T12, L1, and L2 vertebral bodies. Clinical note dated 07/03/2013 indicated the patient has continued low back pain with numbness and tingling in the left lower extremity and restricted range of motion due to pain. An EMG/NCV was requested.

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 NCV of the bilateral lower extremities :

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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic, a Medical Treatment Guideline (MTG), which is not part of the MTUS.

and ODG, Low Back Chapter-Nerve conduction studies (NCS), which is not part of MTUS.

Rationale for the Decision:

CA MTUS/ACOEM state when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. CA MTUS/ACOEM does not specifically address indications for the requested NCV. Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction when the patient is presumed to have symptoms on the basis of radiculopathy. It was noted after a review of the documentation submitted, that the employee reports numbness and tingling in the left lower extremity, which is associated with the employee's low back pain. Physical findings revealed sensation deficits to the lower extremities. An MRI of the lumbar spine concluded that there were multilevel disc bulges causing narrowing of the central canal and neural foramina. The documentation does provide evidence that the employee's pain complaints are radicular in nature. **The request for NCV of the bilateral lower extremities is not medically necessary and appropriate.**

2) Regarding the request for EMG of the bilateral lower extremities:

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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303-305, Special Studies and Surgical Considerations, which is a part of MTUS.

Rationale for the Decision:

CA MTUS/ACOEM states that electromyography studies are useful to assist with identification of neurological dysfunction in patients with low back symptoms when examination findings are unclear. The clinical documentation provided for review does support that the employee has received conservative care that has failed to alleviate the employee's symptoms. Additionally, physical exam findings to include disturbed sensation of the lower extremities would be supported by this test. **The request for EMG 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,

Paul Manchester, MD, MPH
Medical Director

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

/pr

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.