

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	12/16/2007
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005444

- 1) MAXIMUS Federal Services, Inc. has determined the request for **EMG upper extremities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV upper extremities is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 upper extremities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV upper extremities 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 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:**

This patient is a 66-year-old female who reported an injury on 12/16/2007. The notes indicate that the patient was injured as the result of a ceiling tile falling onto her head. The notes indicate that the patient underwent evaluation with a cervical MRI in 04/2010 which described a central/left-sided disc protrusion at C5-6 with no stenosis or nerve root compromise. Furthermore, a Qualified Medical Evaluation performed on the patient on 06/04/2013 indicated that the patient underwent electrodiagnostic studies with EMG and NCV at the cervical spine on 04/14/2010 which revealed no evidence for cervical radiculopathy. A physician letter on 06/29/2013 further indicated that the patient underwent electrodiagnostic studies, which reported normal findings. The notes indicate that the patient's treatment history has included 3 cervical epidural steroid injections, which provided the patient with 50% to 60% relief with the most recent physician letter from 06/24/2013 indicating that the patient had achieved, in fact, 80% to 90% pain relief. The patient was most recently evaluated on 06/24/2013, with the notes indicating the recommendation for electrodiagnostic studies to rule out nerve root dysfunction or peripheral neuropathy or cervical radiculopathy. Evaluation of the patient noted subjective complaints of severe constant neck pain shooting down the upper extremities with the left greater than right with tingling, numbness and paresthesia with numbness and paresthesia extending to the hands, left greater than right. The patient verbalized pain of 8/10 to 9/10 on the VAS. The patient did indicate having some benefit with the use of medications; however, her pain returned after a few hours. Physical examination findings noted decreased sensation to light touch along the medial and lateral borders of the left forearm with loss of normal lordotic curve of the cervical spine and range of motion of the cervical spine restricted. Right shoulder elevation was 110 to 120 degrees with left shoulder elevation from 80 to 90 degrees. Motor strength was noted as 5/5 with

give way weakness of 4-/5 in the left upper extremity and a positive left-sided Spurling's maneuver. Bilateral Tinel's signs were positive, and Phalen's test was strongly positive.

**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 Zurich
- Medical Records from employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for EMG upper 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 ACOEM Chapter on Cervical and Thoracic Spine Disorders; section on Diagnostic Investigations.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Neck and Upper Back Complaints, pages 177-179, which are part of the MTUS; and the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, EMG, which is not a part of the MTUS.

Rationale for the Decision:

The California MTUS/ACOEM Guidelines indicate that electromyography and nerve conduction studies including H-reflex tests may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting for more than 3 or 4 weeks. Further indications from the Official Disability Guidelines indicate that electromyography may be recommended as an option in selective cases, especially for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease or evidence of peripheral compression, such as carpal tunnel syndrome. However, cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy. The documentation submitted for review indicates that the employee has had no documented changes which would indicate the necessity for electromyographic studies. Furthermore, it is unclear from the most recent clinical note of 06/24/2013 as to the role that the electrodiagnostic studies would have in altering the employee's current treatment plan. The employee has a long history of cervical spine pain for which the employee has undergone treatment with cervical epidural steroid injections. **The request for EMG upper extremities is not medically necessary and appropriate.**

## 2) Regarding the request for NCV upper 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 ACOEM Chapter on Cervical and Thoracic Spine Disorders; section on Diagnostic Investigations.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Neck and Upper Back Complaints, pages 177-179, which are part of the MTUS; and the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, NCV, which is not a part of the MTUS.

### Rationale for the Decision:

The California MTUS/ACOEM Guidelines indicate that electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle, focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting for more than 3 or 4 weeks. The guidelines further recommend, in the ODG, that nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The documentation submitted for review indicates a longstanding history of cervical spine pain and radicular symptoms, for which the employee has undergone treatment with cervical epidural steroid injections. Furthermore, there is a lack of documentation indicating changes in the employee's condition which would support the recommendation for nerve conduction studies. The employee already has clinical findings consistent with radiculopathy. **The request for an NCV of the upper extremities 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,

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.