

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	1/24/2012
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005669

- 1) MAXIMUS Federal Services, Inc. has determined the request for **EMG of the left lower extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV of the left lower extremity 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 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 of the left lower extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV of the left lower extremity 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:

The patient is a 44-year-old female that reported an injury on 01/24/2012. The mechanism of injury is not included with the submitted documentation. The patient is status post lumbar fusion L4-5 on 11/15/2012 and status post lumbar posterior approach fusion on 12/21/2012. An EMG/NCV of the left lower extremity performed on 04/16/2012 that reported mononeuritis of the left common peroneal nerve; otherwise, the study is normal. No radiculopathy identified. An EMG/NCS performed on 03/11/2013 revealed left peroneal motor neuropathy and mild chronic left L5 radiculopathy. The clinical note dated 03/12/2013 states the patient is status post anterior and posterior lumbar fusion at L5-S1. The patient states she is doing well and is gradually improving. The patient complains of numbness in her feet which increases with activity and some pain with extension. The note reports physical findings of a positive slump test, 2+ patella reflex, and 1+ Achilles reflex of the left lower extremity. The note reports decreased functional spinal strength and endurance and left lower extremity demonstrates mild to moderate weakness across multiple myotomes. The clinical note dated 05/20/2013 reports the patient is permanent and stationary with no further treatment from the physician required although the patient still has the possibility of requiring future medical care. Unofficial report of an x-ray dated 07/24/2013 reports findings of interval lumbar fusion, L5-S1; significant degenerative disc disease T12 through L1, L1-2, L3-4, progressed compared to 12/07/2011 lumbar spine study; cord definition anterior cortical endplate L5 and MRI lumbar spine post contrast would confirm discitis at L5-S1 level.

The determination letter dated 07/16/2013 approved electrodiagnostic studies for the right lower extremity; however, denied an EMG/NCS for the left lower extremity citing lack of sufficient physical findings that would warrant nerve compromise.

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 EMG 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), 2nd Edition, (2004) Low Back Complaints, Electromyography (EMG), page 303, which is part of the (MTUS).

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Complaints and Special Studies, page 303-305, which is part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines recommend electromyography as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The clinical information submitted for review clearly identifies radiculopathy based on the employee's subjective complaints and physical findings. Additionally, the submitted documentation fails to provide evidence of 1 month of recent conservative therapy and the results of such therapy. **The request for EMG of the left lower extremity is not medically necessary and appropriate.**

2) Regarding the request for NCV 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), 2nd Edition, (2004) Low Back Complaints, Electromyography (EMG), page 303, which is part of the (MTUS).

The Expert Reviewer base his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Complaints and Special Studies, page 303-305, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies, which is not part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines do not specifically address; however, Official Disability Guidelines state there is minimal justification for performing nerve conduction studies when an individual is presumed to have symptoms on the basis of radiculopathy. The clinical information submitted for review clearly identifies radiculopathy based on the employee's subjective complaints and physical findings. Furthermore, an EMG performed of the left lower extremity reported mild chronic left L5 radiculopathy. Additionally, the submitted documentation fails to provide evidence of 1 month of recent conservative therapy and the results of such therapy. **The request for NCV of the left lower extremity 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, 18th 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.