

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/25/2013

2/21/2012

8/9/2013

CM13-0008744

- 1) MAXIMUS Federal Services, Inc. has determined the request for **EMG left lower extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCS left lower extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NCS right lower extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG right lower extremity is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 left lower extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCS left lower extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NCS right lower extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG right 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 Oklahoma. 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 52-year-old male who reported an injury on 02/21/2012 with the mechanism of injury indicated as overhead reaching. The patient is noted to currently have complaints regarding low back pain of a chronic nature secondary to a diagnosis of lumbar degenerative disc disease. Objective clinical findings for the patient note 5/5 strength of the bilateral lower extremities with deep tendon reflexes of 2+ at the bilateral knees and 1+ at the bilateral ankles. There was indication in the most recent evaluation of paresthasias of the left dorsal foot with no evidence of clonus or increased tone. Babinski's reflex was plantar bilaterally, and the sciatic notches were pain-free to palpation with the sacroiliac joints nontender. Patrick's sign and Gaenslen's maneuver were negative, and there was an indication of tenderness over the lumbar paraspinals with pain with lumbar flexion and extension. Straight leg raise was negative bilaterally. The documentation submitted for review indicated the patient to have undergone extensive physical therapy as well as treatment with medication management to include oxycodone 12 hour ER 80 mg, hydrocodone 10/235 mg, diazepam 5 mg, Lidoderm patches 5% and amlodipine 5 mg. The current request for consideration is for EMG and NCS of the bilateral 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 EMG 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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and the Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Version, Low Back Chapter (Lumbar and Thoracic), EMGs (electromyography), which is not part of the MTUS.

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

Rationale for the Decision:

The California MTUS/ACOEM Guidelines indicate the recommendation for electromyography, including H-reflex tests, as useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The notes indicate that the employee has a history of a prior lumbar surgery with an L4-5 left side foraminotomy in 04/2013. The clinical notes from 07/29/2013 indicate that the employee was requested to undergo electrodiagnostic studies of the lower extremities to determine if the employee had worsening radiculopathy based on the rationale that the employee had reduced sensation of the left L4 and left L5 dermatomes. However, subsequent evaluation of the employee on 08/26/2013 indicated the employee to have 5/5 motor strength to the bilateral lower extremities with symmetric reflexes and an indication of paresthesias of the left dorsal foot; however, there was no clear indication per this most recent evaluation of a significant neuropathology in a specific distribution. **The request for an EMG of the left lower extremity is not medically necessary or appropriate.**

2) Regarding the request for NCS 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 The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Table 12-8, Summary of Recommendations for

Evaluating and Managing Low Back Complaints, which is part of the MTUS, and the Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Version, Low Back Chapter (Lumbar and Thoracic), EMGs (electromyography), which is not part of the MTUS.

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Rationale for the Decision:

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3) Regarding the request for NCS 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 The Claims Administrator based its decision on the The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and the Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Version, Low Back Chapter (Lumbar and Thoracic), EMGs (electromyography), which is not part of the MTUS.

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

Rationale for the Decision:

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4) Regarding the request for EMG 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 The Claims Administrator based its decision on the The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and the Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Version, Low Back Chapter (Lumbar and Thoracic), EMGs (electromyography), which is not part of the MTUS.

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However, subsequent evaluation of the employee on 08/26/2013 indicated the employee to have 5/5 motor strength to the bilateral lower extremities with symmetric reflexes and an indication of paresthesias of the left dorsal foot; however, there was no clear indication per this most recent evaluation of a significant neuropathology in a specific distribution. **The request for an EMG of the right lower extremity is not medically necessary or 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.