

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: 12/11/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 8/5/2013 |
| Date of Injury: | 5/13/2009 |
| IMR Application Received: | 8/8/2013 |
| MAXIMUS Case Number: | CM13-0008876 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCV (nerve conduction velocity) bilateral lower extremities is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 bilateral lower 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 in Pain Management 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 has a date of injury of May 13, 2009. A utilization review determination dated August 5, 2013 recommends non-certification of nerve conduction velocity bilateral lower extremities due to "lack of documentation of peripheral neuropathy to support the use of nerve conduction velocities." The recommendation is for a modified certification for needle EMG (electromyogram) only. A progress report dated August 21, 2013 identifies subjective complaints stating "complaints of bilateral shoulder pain. Lower back pain all day, radiates into both legs causing numbness and tingling pain." Objective examination identifies "tenderness, posterior superior iliac spine, limited range of motion." Diagnoses include "lumbar spine with left lower extremity radiculitis." Current treatment plan recommends "Highfield magnet MRI lumbar spine." Additional treatment plan recommends "schedule EMG/NCS bilateral lower extremities." An MRI of the lumbar spine dated July 23, 2013 identifies "L5 S1: there is disc desiccation and a 4 mm disc bulge. The foramina are patent. Disc bulge closely approximates the left traversing S1 nerve root. There is a posterior annular tear. The facet joints are unremarkable."

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for NCV (nerve conduction velocity) 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 Chronic Pain Medical Treatment Guidelines, page 99, which is a part of the MTUS, as well as the Official Disability Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303, Special Studies and Diagnostic Treatment Considerations, which is part of the MTUS and the Official Disability Guidelines, Low Back Chapter, which is not a part of the MTUS.

Rationale for the Decision:

According to the Official Disability Guidelines, Nerve conduction studies (NCS) which are not recommended for low back conditions when the patient is presumed to have symptoms on the basis of radiculopathy. A review of the records indicates it appears that the employee's primary diagnosis is lumbar radiculopathy. There is no indication that the requesting physician is suspecting peripheral neuropathy, or any other distal nerve entrapment in the lower extremities. **The request for NCV (nerve conduction velocity) bilateral lower extremities is not medically necessary.**

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

/dat

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.