
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0070524	Date of Injury:	5/28/2013
Claims Number:	[REDACTED]	UR Denial Date:	11/27/2013
Priority:	Expedited	Application Received:	12/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	URGENT EMG RIGHT LOWER EXTREMITY, NCV RIGHT LOWER EXTREMITY, EMG LEFT LOWER EXTREMITY, NCV LEFT LOWER EXTREMITY		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, shoulder pain, upper arm pain and forearm pain, reportedly associated with cumulative trauma at work first claimed on May 20, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; MRI imaging of the cervical and lumbar spines of November 2013, notable for multilevel low-grade disk bulges and disk protrusions of uncertain clinical significance; and 24 sessions of physical therapy, per the claims administrator; and extensive periods of time off of work.

In a utilization review report of November 27, 2013, the claims administrator reportedly denied request for urgent EMG testing of the bilateral lower extremities. The applicant's attorney later appealed, on December 23, 2013.

An earlier note of November 18, 2013 is notable for comments that the applicant reports persistent low back pain with radiation of pain to the bilateral lower extremities. The applicant exhibits limited lumbar range of motion. His lumbar MRI demonstrating low grade disk desiccation and annular fissuring is again noted. A pain management consult, topical creams, Naprosyn, tramadol, and physical therapy are endorsed. The applicant remains off of work, on total temporary disability.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. **Urgent EMG right lower extremity is medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, 2nd Edition, 2004, Low Back Complaints, page(s) 308-310 and the Official Disability Guidelines (ODG), Low Back Chapter, EMGs, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, Low Back Complaints, page(s) 309 and Special Studies and Diagnostic and Treatment Considerations, page(s) 303- 305, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, EMG testing and H-reflex test can be employed to clarify a diagnosis of nerve root dysfunction in individuals in whom there is no improvement after one month. In this case, the applicant has, indeed, failed to improve despite several months of conservative treatment. He remains off of work, on total temporary disability. Significant symptoms of lower extremity pain and paresthesias reportedly persist. Earlier MRI imaging was apparently equivocal/nondiagnostic. As noted in the MTUS-adopted ACOEM guidelines in chapter 12, in individuals in whom the neurologic examination is less clear, physiologic evidence of nerve dysfunction can be obtained via EMG testing. For all these reasons, the original utilization review decision is overturned. The request is certified, on independent medical review.

2. Urgent NCV right lower extremity is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guideline (ODG), Low Back Chapter, Nerve conduction studies (NCS), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Low Back Disorders, Electromyography.

The Physician Reviewer's decision rationale:

The MTUS does not specifically address the topic. As noted in the third edition ACOEM Guidelines, the nerve conduction studies are usually normal in radiculopathy. While nerve conduction (NCS) testing can help identify other cause of lower limb symptoms, such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which may mimic sciatica, in this case, however, no clear diagnosis or differential diagnosis was attached to the request for authorization. It does not appear that applicant has a history of hypertension and/or diabetes that would make such a peripheral neuropathy likely. Therefore, the request is not certified owing to the lack of supporting information.

3. Urgent EMG left lower extremity is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, 2nd Edition, 2004, Low Back Complaints, page(s) 308-310 and the Official Disability Guidelines (ODG), Low Back Chapter, EMGs, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, Low Back Complaints, page(s) 309 and Special Studies and Diagnostic and Treatment Considerations, page(s) 303- 305, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, EMG testing can be employed to clarify a diagnosis of suspected nerve root dysfunction in applicants in whom there is no improvement after one month, in whom the neurologic examination is less clear. In this case, the applicant does have ongoing complaints of low back pain radiating to the bilateral lower extremities. The extent and nature of the applicant's radicular complaints have not been clearly delineated or described, either historically or on exam. EMG testing to help establish the diagnosis of possible radiculopathy, is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified.

4. Urgent NCV left lower extremity is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guideline (ODG), Low Back Chapter, Nerve conduction studies (NCS), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Low Back Disorders, Electromyography.

The Physician Reviewer's decision rationale:

Again, the MTUS does not address the topic. The third edition ACOEM Guidelines note that NCS testing is usually normal in a diagnosis of radiculopathy or suspected radiculopathy, as is reportedly present here. While NCS testing can be employed to help identify a diagnosis of suspected peripheral compression neuropathy and/or perineal neuropathy, which may mimic sciatica, in this case, there is no clearly voiced suspicion of either diagnostic concern. No clear diagnosis or differential diagnosis was attached to the request for authorization and application for independent medical review. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

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.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]