Case Number:	CM13-0039104		
Date Assigned:	02/12/2014	**Date of Injury:**	09/20/1996
Decision Date:	07/30/2014	**UR Denial Date:**	09/04/2013
Priority:	Standard	**Application Received:**	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal 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 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The patient is an injured worker with a lumbosacral back condition. The patient's date of injury was 09/26/96. The pain medicine re-evaluation & authorization request 08/07/13 was provided by [redacted]. The patient complains of low back pain that radiates to bilateral lower extremities to the level of foot. The back pain is associated with weakness, numbness and tingling in the lower extremity. The patient complains of increased low back pain radiating to bilateral lower extremities with increased tingling/numbness. The physical examination showed a range of motion of the lumbar spine which revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness was noted on palpation. The patient's diagnoses included lumbar radiculopathy and lumbar facet arthropathy. The treatment plan included nerve conduction studies (NCS) which are being requested to further evaluate the source to the neurological symptoms in this patient. The NCS on bilateral peroneal, tibial, and sural nerves was performed October 22, 2013. The NCS findings were within the normal values. No electrophysiological evidence to support motor radiculopathy in the lower extremities. The Utilization review dated 09-04-2013 recommended non-certification of the request for NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NERVE CONDUCTION STUDY (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) and on the Non-MTUS Work Loss Data Institute Low Back guideline.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address nerve conduction studies for low back conditions. The Official Disability Guidelines (ODG) states that Nerve conduction studies (NCS) are not recommended because "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Studies have not shown portable nerve conduction devices to be effective." The NCS on bilateral peroneal, tibial, and sural nerves was performed October 22, 2013. The NCS findings were within the normal values. No electrophysiological evidence to support motor radiculopathy in the lower extremities. Therefore the request is not medically necessary.