

<b>Case Number:</b>	CM13-0040360		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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. 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 a 45-year-old male who reported an injury on 06/08/2009. The mechanism of injury was not provided. The patient ultimately underwent a right laminectomy at the L4-5 and developed chronic low back pain. The patient's treatment history included physical therapy, medications, TENS unit, and H-wave therapy. The patient's most recent clinical evaluation documented that the patient underwent an epidural steroid injection that provided 80% to 90% pain relief for approximately 2 days. Physical findings included weakness in the right quadriceps rated at 5-/5; otherwise, the patient has normal motor strength. The patient also had numbness in the left anterior aspect of the right thigh. The patient underwent an MRI in 03/2013 that revealed mild to moderate right-sided foraminal stenosis at the L4-5 and an L3-4 disc bulge that potentially caused right L3 nerve root irritation. The patient's diagnoses included lumbar radiculitis and facet joint syndrome. The patient's treatment plan included continuation of medication usage and electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction studies of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The requested nerve conduction studies of bilateral lower extremities are not medically necessary or appropriate. The Official Disability Guidelines (ODG) does not recommend the use of nerve conduction studies unless delineation between peripheral neuropathic pain and radiculopathy is unclear. This electrodiagnostic study is not considered appropriate for patients who have clinical evident radiculopathy. Additionally, as the patient only has right-sided symptoms, a bilateral lower extremity electrodiagnostic study would not be indicated. As such, the requested nerve conduction studies of bilateral lower extremities are not medically necessary or appropriate.