

<b>Case Number:</b>	CM13-0043802		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 37 year old male with a date of injury of 07/26/2012. The listed diagnoses per [REDACTED] are significant left chest pain, apparently soft tissue in nature, significant left knee pain, soft tissue in nature and significant left ankle pain, soft tissue in nature. According to report dated 09/11/2013 by [REDACTED], the patient presents with continued pain in his chest, leg, knee and ankle. It was noted that patient received a posterior injection at T ribs at T7-T9, which was "a success." Examination of the extremities revealed significantly tender popliteal fossa; however, he has no laxity of his knee joint. Lumbar spine revealed full range of motion with no significant orthopedic problems. There were no other significant examination findings. Reports dated 08/12/2013 and 07/08/2013 provide the same physical examination findings. The treater is seeking a bilateral lower extremity nerve conduction studies due to patient's severe pain in his left leg and although MRI shows a stable knee, treater would like to see if there is possible peripheral nerve damage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV bilateral lower extremities:** Overturned

**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) , NCV Section.

**Decision rationale:** The patient presents with continued pain in his chest, leg, knee and ankle. The treating physician requests as Nerve conduction study of the bilateral lower extremities for patient's continued severe left leg pain. The MTUS and ACOEM do not discuss NCS. However, the Official Disability Guidelines (ODG) has the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" NCV is indicated if peripheral neuropathy is suspected. In this patient, the treating physician is concerned about peripheral nerve pathology other than from knee pathology and the symptoms are not presumed to be coming from the L-spine. Given the patient's persistent leg symptoms and the treating physician's concern, NCV studies are reasonable. Recommendation is for authorization.