

<b>Case Number:</b>	CM13-0044300		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 & 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 46 year old female with a date of injury of 04/02/2012. The listed diagnoses per [REDACTED] are: 1. Status post right hip arthroscopy secondary to labral tear 2. Coccygodynia 3. Pelvic imbalance Right lower extremity weakness According to report dated 05/14/2013, the patient presents with upper extremity, right-sided hip and severe coccydynia complaints. Patient has been seen by an orthopedics for her hip pain following failed right hp arthroscopy or the labral tear. There is concern about a right femoral nerve injury. Examination reveals patient continues to demonstrate severe coccygeal tenderness. She has severe right groin, right lateral hip and right SI joint discomfort. She has numbness in the right anterior thigh with severe weakness in the femoral nerve distribution. Request is for "nerve conduction studies of right femoral nerve." Request for authorization dated 07/11/2013; notes procedure requested is for "NCV study every 4-6 months."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV STUDY EVERY FOUR (4) TO SIX (6) MONTHS:** 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), Low Back.

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

**Decision rationale:** This patient presents with upper extremity, right-sided hip and severe coccydynia complaints. The treater requests a nerve conduction study of right femoral nerve, every 4-6 months. The MTUS and ACOEM do not discuss NCS for lower extremity. However, ODG guidelines have 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." NCV is also indicated if peripheral neuropathy is suspected. In this patient, the treater is concerned about possible Femoral nerve damage from prior hip surgery. Given the patient's persistent complaints and the treater's concern, an NCV study may be reasonable. However, the request is for the study to be performed every 4-6 months. There is no rationale as to why a set frequency of the study is needed. There is no guidelines support for this. Recommendation is for denial.