

<b>Case Number:</b>	CM13-0045439		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice, 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 31-year-old male who reported an injury on 11/24/2012. The clinical documentation indicated the patient had a mechanism of injury where the patient was lifting heavy boxes and felt pain in the low back. The patient reported pain in the low back radiating to the left leg and occasionally to the right leg going down to the left heel and the sole of the foot with no actual numbness and tingling in the toes. The patient indicated it also occasionally goes to the right side. The straight leg raise test was minimally positive to 85 degrees on the left side. The same physician performed an EMG with no loss of motor neuron or muscle disease in the areas tested and the nerve conduction study of the peroneal nerves revealed no delay in motor conduction across the knee and motor conduction velocity was within normal limits. The patient's diagnosis was noted to be lumbago and the request was made for nerve conduction studies of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Study (NCS) for bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**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 Chapter, NCS

**Decision rationale:** Official Disability Guidelines do not recommend NCS, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had an EMG and NCS on 11/14/2013. There was a lack of documentation submitted with the request prior to the nerve conduction study to support the necessity as the only note provided was the note for the date of service. Given the above, the request for Nerve conduction Study (NCS) for bilateral lower extremities is not medically necessary.