

<b>Case Number:</b>	CM13-0067721		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Sports Medicine 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 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 35-year-old male who reported injury on 01/06/2009. The mechanism of injury was noted to be a car accident and cumulative trauma. The patient's diagnoses were noted to include status post posterior lumbar interlaminar laminotomy at L2 bilaterally on 03/06/2013 with residuals. The documentation of 11/12/2013 indicated that the patient's condition was getting worse since surgery in 03/2013. The patient reported that he had worse low back pain that increased with walking. The patient had severe low back pain with radiation to the bilateral lower extremities with associated numbness, tingling, and weakness. The physical examination revealed the patient had severely limited range of motion. The straight leg raise test, Braggard's test, and bowstring test were positive bilaterally. The patient's motor strength revealed weakness in the bilateral hip flexors, quadriceps, extensor hallucis longus, gastrocnemius, and peroneus longus at 4/5. Deep tendon reflexes were diminished in the lower extremities. The radiographic examination revealed the patient had mild disc space narrowing at L2-3 and L5-S1. There were postoperative changes noted at L2-3 and L5-S1. The treatment plan indicated that the patient had severe lumbar spine pain with radiation to bilateral extremities with associated numbness, tingling, and weakness. The patient further had diminished deep tendon reflexes of the lower extremity and was worsening since the second lumbar spine surgery in 03/2013, so the request was for an updated lumbar spine MRI and EMG/NCV study of the lower extremities to rule out lumbar spine radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV 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

**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:** The Official Disability Guidelines (ODG) do not recommend nerve conduction studies 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 was to be evaluated to rule out lumbar spine radiculopathy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for NCV Bilateral lower extremities is not medically necessary and appropriate.