

<b>Case Number:</b>	CM14-0008298		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/07/2007
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine 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:

This is a 52-year-old female with a 8/7/07 date of injury. She twisted her left ankle and fell over an office chair. On 12/16/13, the patient presented stating she is doing well but had radiating pain into the left leg with numbness all the way to the thigh. She using a walking boot and has received steroid injections without relief. Objective exam:4/5 motor strength to bilateral upper and left lower extremities. The reflexes were absent in the ankles. There is diminished to pinprick in both upper and lower extremities. An EMG/NCV on 1/23/13 showed peripheral neuropathy, severe lumbosacral musculoskeletal spasms with no evidence of radiculopathy. Diagnostic Impression: Hip and Thigh Sprain, Chronic L5 radiculopathy, Treatment to date: Electromyography (EMG)/Nerve Conduction Velocity (NCV) of left lower extremity on 9/21/07, lumbar MRI, injections, medication management. A Utilization Review (UR) decision dated 1/10/14 denied the request stating the current objective findings do not suggest a peripheral neurological pathology to warrant further investigation with a NCV. There is no documentation of progression of objective findings that would support a repeat NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PROSPECTIVE REQUEST FOR 1 NERVE CONDUCTION STUDY OF THE THE LEFT LOWER EXTREMITY BETWEEN 1/7/2014 AND 2/21/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Electrodiagnostic Studies.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, this patient is noted to have had a prior NCV in January of 2013. It is unclear what has changed significantly in this patient to warrant a repeat NCV. In addition, it is unclear why the request is only for a NCV of the left lower extremity as opposed to both since the patient is noted to have weakness bilaterally. Therefore, the request for The Prospective Request for 1 Nerve Conduction Study of the Left Lower Extremity between 1/7/2014 and 2/21/2014 was not medically necessary.