

<b>Case Number:</b>	CM14-0012478		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

The patient is a 35-year-old female who has submitted a claim for L5-S1 disc disease with annular tear and neuroforaminal narrowing associated with an industrial injury date of 04/12/2013. Medical records from 04/12/2013 to 01/24/2014 were reviewed and showed that the patient complained of low back pain graded 9/10 radiating to bilateral lower extremities with numbness and tingling in the legs and feet. The pain was aggravated by prolonged standing, walking, and sitting activities. Physical examination revealed tenderness and hypertonicity over the lumbar paraspinal muscles bilaterally, quadratus lumborum, and gluteal muscles on the right side. Lumbar ROM (range of motion) was decreased. A SLR (straight leg raise) test was positive on the right at 60 degrees with pain radiating down the posterior leg. The patient was unable to heel and toe walk. Sensation was decreased on the right side and normal on the left side in the S1 muscle group. AMRI of the lumbar spine dated 07/25/2013 revealed L5-S1 disc disease with annular tear and neuroforaminal narrowing. An EMG-NCV study of the right lower extremity dated 12/26/2013 revealed lumbar radiculopathy right L5-S1. Treatment to date has included unspecified visits of physical therapy and pain medications. A utilization review, dated 01/29/2014, denied the request for NCS of left and right lower extremities because the guideline does not recommend NCS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV LEFT LOWER EXTREMITY:** Upheld

**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) Low Back chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient complained of low back pain with radiation to bilateral lower extremities. Physical examination findings at the left lower leg did not indicate presence of focal neurologic deficit; hence NCV may be a reasonable option. However, MRI of the lumbar spine dated 07/25/2013 revealed L5-S1 disc disease with annular tear and neuroforaminal narrowing which may indicate presence of radiculopathy. Therefore, the request for NCV Left Lower Extremity is not medically necessary.

**NCV RIGHT LOWER EXTREMITY:** Upheld

**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) Low Back chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain with radiation to bilateral lower extremities. Clinical manifestations of the right lower extremity strongly indicate radiculopathy due to the presence of weakness, dysesthesia and a positive SLR; hence, NCV is not warranted. Therefore, the request for NCV Right Lower Extremity is not medically necessary.