

<b>Case Number:</b>	CM14-0111782		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 48-year-old female who reported an injury of unknown mechanism on 01/22/2009. On 06/24/2014, her diagnoses included discogenic lumbar conditions status post fusion at L4-5 and L5-S1, with radiculopathy and radiculitis, sleep disorder, stress, weight gain, and left hip joint inflammation. Her complaints were low back pain radiating into the left side, knee and foot, with popping along the ankle. She reported numbness along the entire left leg. EMGs from 10/31/2013 showed radiculopathy at L4-5 bilaterally, depression, shoulder impingement treated conservatively on the left. The treatment plan and recommendations were to postpone an earlier recommendation for a functional restoration program, spinal cord stimulator; hernia surgery; and followup nerve studies of the lower extremities. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Study Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** The request for a nerve conduction study of the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no evidence in the submitted documentation of any symptomatology in the right lower extremity of this worker. The need for a nerve conduction study of the right lower extremity was not clearly demonstrated in the submitted documentation. Therefore, this request for a nerve conduction study of the right lower extremity is not medically necessary.

**Nerve Conduction Study Left Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** The request for a nerve conduction study of the left lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The clinical information submitted failed to meet the evidence based guidelines for nerve conduction studies. Therefore, this request for nerve conduction study left lower extremity is not medically necessary.