

<b>Case Number:</b>	CM14-0117746		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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:

Patient is a 62 year-old male with date of injury 08/11/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/01/2014, lists subjective complaints as pain in the low back. MRI of the lumbar spine performed on 02/27/2012 revealed degenerative changes of the endplates. There was tightening of the thecal sac at the L3-4 and L4-5 levels due to degenerative changes and also due to prominence of the epidural fat. Objective findings: Examination of the lumbar spine revealed tenderness along the lumbosacral area with associated loss of motion. Strength was grade 5 along the lower extremities. Milgram test was positive for low back pain. Diagnosis: 1. Discogenic lumbar condition with at least two-level disc disease with bulging above at L3-4 2. Status post two interventional treatments which is transforaminal at L5 in 2012 and in 2014 onto the right of midline at L4-5 and L5-S1 with relief 3. EMG showed significant chronic radiculopathy on the right a L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, nerve conduction studies

**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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. 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. The request is not medically necessary.

**NCS right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, nerve conduction studies

**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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

**Decision rationale:** As stated above, the Official Disability Guidelines do not recommended nerve conduction studies of the lower extremities. They have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The request is not medically necessary.