

<b>Case Number:</b>	CM14-0157417		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 40-year-old male with a date of injury of September 23, 2013. He had a twisting injury which resulted in low back pain radiating to the buttocks. An MRI scan from November 25, 2013 revealed disc desiccation at L5-S1 with disc bulge and facet hypertrophy, but no evidence of neural foraminal compromise. He has been treated with numerous chiropractic sessions, lumbar facet blocks, and medication but has not improved substantially. A recent neurosurgical consult recommended an L5-S1 lumbar laminectomy and discectomy but that it would have to wait until the patient lost a substantial amount of weight. The physical exam has revealed diminish lumbar range of motion, tenderness to palpation at the L5 region, and a normal motor, sensory, and reflex examination of the lower extremities. The diagnoses include lumbar sacral strain and lumbar facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Low Back, and Nerve Conduction Studies.

**Decision rationale:** 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. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (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. In this instance, there are no documented lower extremity neurologic findings to suggest a neuropathy much less a radiculopathy. Therefore, a nerve conduction test is not medically necessary under the above guidelines.