

<b>Case Number:</b>	CM14-0168886		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 59 year old woman housekeeper who fell forward and then backward, hitting her head on the floor with no loss of consciousness, on 3/13/2014. She complains of memory deficits and persistent pain in her neck, head, upper back, low back pain with radiation to the right and left heels, left leg, arms, chest, despite undergoing physical therapy and chiropractic treatments. An exam is noted for tenderness from her neck to low back, decreased sensation below the knee in her left lower extremity, and positive straight leg raise at 20-degrees on the left. Right and left lower extremity testing cause stretching and pulling sensations to the neck. There is restricted range of motion of the back. A magnetic resonance imaging (MRI) shows L4-L5 and L5-S1 left paracentral disc bulges/protrusions. Her diagnoses include contusion of the chest wall and ribs, neck strain/sprain, thoracic strain/sprain, cervical spondylosis, degenerative cervical disc disease, degenerative lumbar disc disease, lumbosacral spondylosis, lumbosacral strain/sprain, thoracic strain/sprain, and headaches unrelated to the industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV left lumbosacral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back: NCV (nerve conduction studies)

**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, Nerve conduction studies (NCS)

**Decision rationale:** Nerve conduction velocity studies of the lumbar spine are not addressed in the Medical Treatment Utilization Schedule (MTUS). Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, nerve conduction studies (NCS) is not recommended for the lumbar spine, and electromyography (EMG), including H-reflex tests, is recommended to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks. This worker has radiographically-shown pathology and symptomatic low back pain with radiculitis and positive exam findings. This does not meet the criteria of subtle, focal neurologic dysfunction. Per the Official Disability Guidelines (ODG), nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, electromyography (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 electromyography (EMG)/nerve conduction studies (NCS). (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on nerve conduction studies (NCS). Studies have not shown portable nerve conduction devices to be effective. Electromyography's (EMGs) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but electromyography's (EMGs) are not necessary if radiculopathy is already clinically obvious. This worker has radiographically-shown pathology and symptomatic low back pain with radiculitis and positive exam findings. Therefore, this request is not medically necessary.