

<b>Case Number:</b>	CM14-0022777		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & Rehabilitation 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 injured worker is a 30-year-old male who reported an injury on 01/28/2013. The mechanism of injury was not provided. On 01/07/2014, the injured worker presented with left elbow pain, lumbar spine pain, lower left extremity pain with weakness, and stated that pain medication was helpful. Prior treatments included physical therapy, pain management, chiropractic therapy, acupuncture therapy, and medications. Upon examination, there was decreased pain. An MRI of the lumbar spine dated 12/09/2013 revealed a 3.0 mm disc bulge, right facet arthrosis and mild bilateral neural foraminal narrowing at the L4-5. The provider recommended an NCV of the bilateral lower extremities because the injured worker complained of lower left extremity pain and weakness, and to rule out lumbar radiculopathy. The diagnoses were cerebral concussion, cervical spine signs and symptoms improved, left elbow pain improved, left leg contusion improved, lumbar spine signs and symptoms of multiple disc bulges, and rule out radiculopathy. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV OF BILATERAL LOWER EXTREMITIES:** 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, NCV.

**Decision rationale:** The Official Disability Guidelines states that a Nerve Conduction Velocity Test (NCV) is not recommended. there is minimal justification for performing nerve conduction studies when an injured worker is perceived to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed low back pain and lower left extremity pain and weakness. However, there was no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. Furthermore, the guidelines do not recommend an NCV for the lower extremity. As such, the request is not medically necessary and appropriate.