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| **Case Number:** | CM14-0030563 | | |
| **Date Assigned:** | 06/20/2014 | **Date of Injury:** | 03/04/2013 |
| **Decision Date:** | 07/17/2014 | **UR Denial Date:** | 03/05/2014 |
| **Priority:** | Standard | **Application Received:** | 03/11/2014 |

## 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 47-year-old male with a reported date of injury on 03/04/2013. The injured worker presented with low back pain radiating down the left leg and numbness of the big toe. The mechanism of injury was not provided within the clinical information available for review. A lumbar MRI dated 04/02/2013 showed left dorsal L3-4 disc extrusion which migrates inferiorly to the disc space and impinges on the left L4 nerve root. The radiologist interpretation of the MRI was not provided within the documentation available for review. The clinical note dated 01/08/2014, the physician indicated the EMG/NCV of the left lower extremity on 05/22/2013 was negative. In addition, the clinical note dated 02/04/2014 indicates that the EMG/nerve conduction study performed was normal. Previous conservative care includes physical therapy, acupuncture, chiropractic care and home-based exercise, the results of which were not provided within the documentation available for review. The clinical note dated 02/21/2014, the physician indicated the injured worker underwent L3-4 transforaminal epidural steroid injection which did not alleviate the injured worker's pain. The injured worker's diagnosis included lumbar disc displacement without myelopathy and lumbago. The injured worker's medication regimen included Lyrica, Cyclobenzaprine, Diclofenac, topical analgesic, Tramadol, Aspirin and ibuprofen. The Request for Authorization of the nerve conduction velocity studies of the bilateral lower extremities was submitted but not signed or dated. The rationale for the request was not provided within the documentation available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity studies of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Nervice 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, Nerve Conduction Studies (NCS).

**Decision rationale:** 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. The systematic review and meta-analysis demonstrate that neurological testing procedures 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 costs of EMG/NCS. According to the clinical note dated 02/04/2014, the physician indicated that the lumbar MRI dated 04/02/2013 revealed left dorsal L3-4 disc extrusion, which migrates inferiorly to the disc space and impinges the left L4 nerve root as it exits the thecal sac. In addition, the physician notes that the EMG/nerve conduction study performed on 05/20/2013 was normal. The guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. According to the physician, the injured worker had signs of impingement on the MRI. Furthermore, the guidelines do not recommend nerve conduction studies. Therefore, the request for nerve conduction velocity studies of the bilateral lower extremities is not medically necessary and appropriate.