

<b>Case Number:</b>	CM14-0038458		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/19/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 53-year-old female who has submitted a claim for degenerative disc disease of the lumbosacral spine with L4-L5 and L5-S1 bilateral radiculopathy associated with an industrial injury date of 08/19/2006. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating towards the bilateral lower extremities, left worse than right. Pain was graded 8-9/10 in severity and relieved to 4-5/10 upon intake of medications. Patient denied any new neurologic changes, muscle weakness, or incontinence. Physical examination of the lumbar spine showed restricted motion and tenderness. Sensation was diminished at the posterior aspect of left lower extremity from gluteal area to the ankle. Straight leg raise test was positive at 50 degrees on the left. Motor strength of right extensor hallucis longus was graded 3/5, and 4/5 on the left. Weakness of bilateral knee muscles was also noted at 4/5 grading. MRI of the lumbar spine, dated 10/09/2012, revealed mild to moderate central canal stenosis at L4-L5 and L5-S1 levels. Current treatment plan includes lumbar discogram for possible lumbar surgery. Treatment to date has included L4-L5 laminectomy and discectomy in 2007, spinal cord stimulator, physical therapy, epidural steroid injections, and medications. Utilization review from 03/18/2014 denied the request for EMG/NCV of bilateral lower extremities because there was no documented rationale for a repeat testing when previous result was unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Musc test done w/n test comp:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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, Flexibility.

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines, as computerized testing is not recommended. It is unclear why the conventional methods for strength testing cannot suffice. Furthermore, the present request does not specify the body area to be tested. Therefore, the request for Musc Test done w/n test comp is not medically necessary.

**(NVR) Nerve Conduction Velocity (NCV) of the bilateral lower extremity Test 7-8 studies:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter- MRI(Magnetic Resonance Imaging), Nerve conduction studies (NCS).

**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 chapter, Nerve conduction studies (NCS).

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain radiating towards the bilateral lower extremities, left worse than right. Physical examination showed positive straight leg raise test at 50 degrees on the left. Motor strength of right extensor hallucis longus was graded 3/5, and 4/5 on the left. Sensation was diminished at the posterior aspect of left lower extremity. Clinical manifestations are consistent with radiculopathy; hence, NCV testing is not recommended as cited by the guidelines above. This is further corroborated by MRI findings of mild to moderate central canal stenosis at L4-L5 and L5-S1 levels. Patient denied any new neurologic changes, muscle weakness, or incontinence as cited from the most recent progress report. There is no clear indication for an electrodiagnostic study at this time. Therefore, the request for Nerve Conduction Velocity (NCV) of the bilateral lower extremity Test 7-8 studies is not medically necessary.

