

<b>Case Number:</b>	CM14-0054951		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/19/2001
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 patient is a 45-year-old female who has submitted a claim for status post anterior partial corpectomy and fusion L4-5 with plate fixation, status post posterior fusion L4-5 with pedicular instrumentation, status post removal of hardware L4-5 and fusion at L5-S1 (09/21/2006), status post removal of hardware and exploration of fusion (06/2009), and L2-4 facet arthropathy associated with an industrial injury date of 01/19/2001. Medical records from 04/26/2013 to 07/16/2014 were reviewed and showed that patient complained of severe low back pain (grade not specified) which radiated down bilateral legs (based on medical record 02/27/2014). Physical examination (based on medical record 02/27/2014) revealed antalgic gait, muscle spasm, and restricted lumbar ROM. Guarding is noted with motion. NCS of the lower extremities dated 02/27/2014 revealed moderate right L5 radiculopathy. MRI of the lumbar spine dated 01/05/2012 revealed postsurgical changes within the dorsal mid to lower lumbar soft tissue, L3-4 bilateral facet arthrosis, and L4-5 interbody fusion. Treatment to date has included anterior partial corpectomy and fusion L4-5 with plate fixation, posterior fusion L4-5 with pedicular instrumentation, removal of hardware L4-5 and fusion at L5-S1(09/21/2006), removal of hardware and exploration of fusion (06/2009), home exercise program, trigger point injections to the sacroiliac region (02/27/2014), and pain medications. Utilization review dated 03/24/2014 denied the request for NCS of bilateral lower extremities because there was no objective evidence of focal nerve entrapment or peripheral neuropathy in the lower extremities to support the need for NCS testing performed on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Review NCS Of Right Lower Extremity D.O.S. 02/27/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary Updated 12/27/13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81 Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The 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 there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of low back pain with radiation to the bilateral lower extremities (based on the medical record 02/27/2014). Physical exam findings did not document hyporeflexia, hypoesthesia, or weakness (based on the medical record 02/27/2014). A retrospective NCV study was a reasonable option for the patient who presented with symptoms of neuropathy at that time. Of note, NCS of the lower extremities dated 02/27/2014 revealed moderate right L5 radiculopathy. Therefore, the request for Retrospective Review NCS of Right Lower Extremity D.O.S. 02/27/2014 was medically necessary.

**Retrospective Review NCS Of Left Lower Extremity D.O.S. 02/27/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary Updated 12/27/13.

**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) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The 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 there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of low back pain with radiation to the bilateral lower extremities (based on the medical record 02/27/2014). Physical exam findings did not document hyporeflexia, hypoesthesia, or weakness (based on the medical record 02/27/2014). A retrospective NCV study was a reasonable option for the patient who presented with symptoms of neuropathy at that time. Therefore, the request for Retrospective Review NCS of Left Lower Extremity D.O.S. 02/27/2014 was medically necessary.