

<b>Case Number:</b>	CM14-0066575		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 40 year old male who sustained an industrial injury on 09/19/12 when he slipped and fell on a fiberglass at work. The visit note from 10/16/13 was reviewed. His subjective complaints included low back pain at 6-8/10 on a pain scale, associated with numbness and tingling of the bilateral lower extremities, aggravated by prolonged positioning. His examination findings included tenderness to palpation at the lumbar paraspinal muscles with limited range of motion, bilateral positive straight leg raising tests, decreased sensation at the L4, L5 and S1 dermatomes, decreased strength over L2-S1 myotomes and symmetrical deep tendon reflexes in bilateral lower extremities. Diagnoses included headaches, lumbago and lumbar spine radiculopathy. The request was for bilateral lower extremity NCS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Study Right Lower Extremity:** 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

**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, Electrodiagnostic Studies

**Decision rationale:** According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. The provider requested EMG and NCS for confirmation of radiculopathy. Hence the request for bilateral lower extremity NCS is not medically necessary or appropriate.

**Nerve Conduction Study Left Lower Extremity:** 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

**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, Electrodiagnostic Studies

**Decision rationale:** According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. The provider requested EMG and NCS for confirmation of radiculopathy. Hence the request for bilateral lower extremity NCS is not medically necessary or appropriate.