

<b>Case Number:</b>	CM14-0071283		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 33-year-old female who reported an injury on 09/15/2013 due to a fall. On 03/31/2014, she reported lower back pain rated at a 5/10 that was noted to radiate into the left leg. A physical examination of the lumbar spine revealed range of motion was restricted with extension limited to 20 degrees by pain but the flexion was normal, paravertebral muscles were noted to be normal, and there was no spinal process tenderness noted. A motor examination revealed 5/5 strength throughout and decreased sensation was noted over the medial and lateral calf on the left side. She was diagnosed with thoracic, lumbosacral neuritis or radiculitis NOS, lumbago, lumbar disc displacement without myelopathy, and lumbar or lumbosacral disc degeneration. Her medications were listed as Doral 15 mg, naproxen sodium 550 mg, and Pantoprazole sodium DR 20 mg. The treatment plan was for an NCV of the right and left lower extremity. The request for authorization form was not provided for review nor was the rationale for treatment. The rationale for treatment was to determine the origin of the symptoms of radiculopathy. The request for authorization form was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV 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, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for an NCV Left Lower Extremity is non-certified. The injured worker was noted to have 5/5 motor strength, decreased sensation over the medial and lateral calf on the left side, and restricted range of motion with extension limited to 20 degrees. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. Based on the clinical information submitted for review, the injured worker was noted to have decreased sensation over the medial and lateral calf on the left side. However, there was a lack of documentation regarding the failure of conservative treatment to indicate the need for an NCV of the left lower extremity. In addition, it was noted that the injured worker had already undergone an EMG/NCV on 05/01/2014. There was a lack of documentation regarding the injured worker's condition at the time of the last EMG/NCV to determine if there had been a significant change in symptoms that would support the need for an additional electrodiagnostic study. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is non-certified.

**NCV Right Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for an NCV of the right lower extremity is non-certified. Per the documentation dated 03/31/2014, the injured worker was noted to have decreased sensation over the medial and lateral calf on the left side. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and would consider surgery an option. Based on the clinical information submitted for review, the injured worker did have specific signs of nerve compromise on the neurologic examination per the left side. However, there was no documentation of findings of neurologic compromise on the right side to indicate the need for an NCV of the right lower extremity. The request for an NCV of the right lower extremity in the absence of this information is unclear and therefore would not be supported. Given the above, the request is non-certified.