

<b>Case Number:</b>	CM14-0007698		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Family 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:

This injured worker's date of injury is 08/23/2013. This patient receives treatment for chronic low back pain. The initial injury occurred from a fall brought about by shrink wrap around her lower extremities which caused a fall cushioned by the knees. The patient received chiropractic and physical therapy. There is both knee pain and low back pain that radiates to the right leg. The DLR exam is positive on both sides. The patient complains that there is weakness, numbness and tingling in the right lower extremity. Plain film x-rays show degenerative disc disease at L5-S1. The knee x-rays showed soft tissue swelling. Medications used include Prilosec, Motrin and Cyclo-keto-lido cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) study of the bilateral lower extremities (BLE):** 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): 177-179, 303-305.

**Decision rationale:** This patient has low back pain with some radiation to both lower extremities. Electrophysiologic testing may show subtle neurologic dysfunction in certain

patients with persisting lower extremity symptoms with low back pain; however, NCS tests are not clinically useful in planning a course of treatment for low back pain with radiation to both lower extremities. If lumbar stenosis is suspected, CT scanning or MRI imaging alone should be sufficient to guide treatment decisions. NCS testing is not medically indicated.