

<b>Case Number:</b>	CM14-0203333		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 42-year-old male with a date of injury of March 4, 2014. Diagnoses include cervical strain, thoracic strain and lumbosacral strain. The patient also has ankle sprain and right inguinal hernia. MRI the cervical spine from May 2014 shows disc protrusion at C5-6 area of there is some canal stenosis at C6-7. Lumbar MRI shows degenerative disc condition some L3-S1. On physical examination the patient has no sensory deficit in the upper extremity and no motor deficits in the upper extremities. Thoracic spine shows tenderness palpation. Lumbar spine shows tenderness palpation. There is some decreased sensation of the right foot. There is weakness of the great toe and tibialis anterior on the right side. At issue is whether nerve conduction studies are medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG)/Nerve Conduction Velocity (NCV) to the Left Upper Extremity (LUE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178 & 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition web (2014), Neck and Upper Back, Nerve conduction studies (NCS); Low Back, Nerve conduction studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, chapter H., page 178 for nerve conduction studies and on the Official Disability Guidelines ODG neck and upper back section

**Decision rationale:** This injured worker does not meet establish criteria for nerve conduction studies. Specifically there is no clear documentation of significant neurologic deficit. There is no clear documentation of imaging studies showing specific compression of nerve root that correlates with physical examination findings. In addition, the medical records do not clearly documented recent trial and failure of conservative measures. This injured worker has multiple regional complains of chronic pain. There is no significant neurologic deficit documented. Guidelines for nerve conduction studies not met; therefore, the request is not medically necessary.