

<b>Case Number:</b>	CM15-0194458		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 1-3-15. The injured worker is being treated for low back pain, left lower extremity radicular pain and (MRI) magnetic resonance imaging evidence for L4-5 posterior bulge, L3-4 disc bulge causing bilateral neural foraminal narrowing and L5-S1 central disc bulge along with an annular fissure. (MRI) magnetic resonance imaging of lumbar spine performed on 3-4-15 revealed broad disc bulge at L3-4, L4-5 and L5-S1. Treatment to date has included oral medications including Vicodin, Cyclobenzaprine, Nabumetone, Ultracet and Tylenol with Codeine; and activity modifications. On 8-18-15, the injured worker complains of sharp pain in low back with radiation to legs accompanied with numbness, she complains of difficulty sleeping, burning sharp pain left leg intermittently with radiation to left foot, burning sharp pain in right leg intermittently with radiation to right knee and sharp pain intermittently in left foot with radiation to left hallux accompanied with tingling. Disability status is noted to be temporarily totally disabled. Physical exam performed on 8-18-15 revealed ambulation with limp, tenderness to palpation of bilateral paraspinal muscles with spasms, gluteal notch tenderness and restricted lumbar range of motion, positive straight leg on left is also noted. On 8-18-15 request for authorization was submitted for transforaminal epidural steroid injections, (MRI) magnetic resonance imaging of lumbar spine and EMB-(NCV) Nerve Condition Velocity studies of bilateral lower extremities.

### 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 cite any medical evidence for its decision.

**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, under Nerve conduction studies.

**Decision rationale:** The current request is for NCV LEFT LOWER EXTREMITY. Treatment to date has included oral medications including Vicodin, Cyclobenzaprine, Nabumetone, Ultracet and Tylenol with Codeine; and activity modifications. The patient is temporarily totally disabled. ODG Guidelines, Low Back chapter, under Nerve conduction studies (NCS) states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. Per report 08/18/15, the patient complains of sharp pain in low back with radiation to legs accompanied with numbness and burning pain left leg. The patient reported intermittent radiation to left foot, and right leg. The pain radiates to left hallux accompanied with a tingling sensation. (MRI) magnetic resonance imaging of lumbar spine performed on 03/04/15 revealed at L4-5 posterior bulge, L3-4 disc bulge causing bilateral neural foraminal narrowing and L5-S1 central disc bulge along with an annular fissure. The treater requested EMG and NCV testing for the bilateral lower extremities. The UR approved the EMG testing, and denied the NCV testing. The treating physician has documented that the patient has lower back pain which radiates into the left lower extremity. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. However, guidelines only support NCV studies of the lower extremities in circumstances where the treater suspects peripheral neuropathy or a neurological condition other than spinal stenosis. Therefore, the request IS NOT medically necessary.

**NCV right lower extremity:** Upheld

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

**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, under Nerve conduction studies.

**Decision rationale:** The current request is for NCV RIGHT LOWER EXTREMITY. Treatment to date has included oral medications including Vicodin, Cyclobenzaprine, Nabumetone, Ultracet and Tylenol with Codeine; and activity modifications. The patient is temporarily totally disabled. ODG Guidelines, Low Back chapter, under Nerve conduction studies (NCS) states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. Per report 08/18/15, the patient complains of sharp pain in low back with radiation to legs accompanied with numbness and burning pain left leg. The patient reported intermittent radiation to left foot, and right leg. The pain radiates to left

hallux accompanied with a tingling sensation. (MRI) magnetic resonance imaging of lumbar spine performed on 03/04/15 revealed at L4-5 posterior bulge, L3-4 disc bulge causing bilateral neural foraminal narrowing and L5-S1 central disc bulge along with an annular fissure. The treater requested EMG and NCV testing for the bilateral lower extremities. The UR approved the EMG testing, and denied the NCV testing. The treating physician has documented that the patient has lower back pain which radiates into the left lower extremity. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. However, guidelines only support NCV studies of the lower extremities in circumstances where the treater suspects peripheral neuropathy or a neurological condition other than spinal stenosis. Therefore, the request IS NOT medically necessary.