

<b>Case Number:</b>	CM15-0032951		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 58 year old female, who sustained an industrial injury on 2/1/2006. The current diagnoses are lumbar spine disc displacement, lumbago, degenerative disc disease of the lumbar spine, and lumbar radiculopathy. Currently, the injured worker complains of burning, radicular low back pain and muscle spasms. The pain is rated 7-8/10 on a subjective pain scale. The pain is described as constant, moderate to severe. The pain radiates into the bilateral lower extremities, but is greater in the right hip/leg. She reports numbness and tingling in the bilateral lower extremities. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal muscles and the lumbosacral junction. There are grade 2 myospasms noted over the lumbar spine. Range of motion is restricted. Straight leg raise test is positive on the right. The treating physician is requesting Electromyography/Nerve Conduction Velocity (EMG/NCV) of the bilateral lower extremities, which is now under review. On 2/10/2015, Utilization Review had non-certified a request for Electromyography/Nerve Conduction Velocity (EMG/NCV) of the bilateral lower extremities. The EMG/NCS was modified to one EMG of the bilateral lower extremities. The MTUS ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity (NCV) of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). :ow back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies.

**Decision rationale:** Per the 01/20/15 report, the patient presents with burning radicular low back pain radiating into the bilateral lower extremities with numbness and tingling. Pain is rated 7-8/10. The current request is for NERVE CONDUCTION VELOCITY 'NCV' OF THE BILATERAL LOWER EXTREMITIES. The RFA is not included; however, the 02/10/15 utilization review states the RFA is dated 01/19/15. The patient is Temporarily Totally Disabled from 01/20/15 through 02/19/15. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG 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 (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." Examination on 01/20/15 reveals decreased sensation to light pin prick and light touch at the L4-L5 and S1, dermatomes bilaterally with motor strength 3/5 in all represented muscle groups in the right lower extremity. The reports provided state the patient is awaiting EMG/NCV since 09/04/14. EMG was certified. In this case, the treater does not discuss this request in the reports provided. However, there is clinical evidence of abnormal sensory exam and the patient has complaint of numbness and tingling in the bilateral lower extremities. There is no evidence of a prior NCV study for this patient. The request IS medically necessary.