Case Number:	CM15-0033919		
Date Assigned:	02/27/2015	**Date of Injury:**	03/23/2012
Decision Date:	04/16/2015	**UR Denial Date:**	02/05/2015
Priority:	Standard	**Application Received:**	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 32-year-old male, who sustained an industrial injury on March 23, 2012. He has reported left knee pain and lower back pain. The diagnoses have included left knee meniscus tear, chondromalacia patellae, lumbar spine sprain/strain, and facet arthropathy. Treatment to date has included medications, knee surgery, home exercise, ice, physical therapy, and imaging studies. A progress note dated January 23, 2015 indicates a chief complaint of continued left knee pain and lower back pain with left leg numbness and tingling. Physical examination showed decreased range of motion of the lumbar spine with decreased sensation and tenderness to palpation, positive right straight leg raise, and left knee crepitus and tenderness. The treating physician requested electromyogram of the left and right lower extremities and nerve conduction velocity studies of the left and right lower extremities. On February 5, 2015 Utilization Review certified the request for the electromyogram of the left and right lower extremities and denied the request for the nerve conduction velocity studies of the left and right lower extremities citing the California Medical Treatment Utilization Schedule and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for IMR of a request for nerve conduction velocity studies of the left and right lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Studies of the Right Lower Extremity: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The patient presents with pain and weakness in his lower back, left knee and lower extremity. The request is for nerve conduction velocity studies of the right lower extremity. Per 01/23/15 progress report, examination shows limited range of lumbar motion, Positive SLR on the right, degreased sensation over the posterior lower leg on the left and palpative tenderness over L4-S1 facets. MRI of the lower back from 08/15/14 shows 1-2mm disc bulge at L3-4, L4-5, and L5-S1 with bilateral neuroforaminal narrowing. X-ray from 06/24/14 demonstrates L5-S1 bilateral pars defect. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this case, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. However, the treater requested "EMG/NCV of the lower extremity to further evaluate the lumbar spine nerve roots and peripheral nerves for pathology." Given that the patient has not had this test performed in the past and patient's clinical findings, the request is medically necessary.

Nerve Conduction Velocity Studies of the Left Lower Extremity: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies (NCS).

Decision rationale: The patient presents with pain and weakness in his lower back, left knee and lower extremity. The request is for nerve conduction velocity studies of the left lower extremity. Per 01/23/15 progress report, examination shows limited range of lumbar motion, Positive SLR on the right, degreased sensation over the posterior lower leg on the left and palpative tenderness over L4-S1 facets. MRI of the lower back from 08/15/14 shows 1-2mm disc bulge at L3-4, L4-5, and L5-S1 with bilateral neuroforaminal narrowing. X-ray from 06/24/14 demonstrates L5-S1 bilateral pars defect. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on

the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this case, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. However, the treater requested "EMG/NCV of the lower extremity to further evaluate the lumbar spine nerve roots and peripheral nerves for pathology." Given that the patient has not had this test performed in the past and patient's clinical findings, the request IS medically necessary.