

<b>Case Number:</b>	CM15-0049959		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 3, 2012. In a Utilization Review Report dated February 19, 2015, the claims administrator approved electrodiagnostic testing of bilateral upper extremities while denying nerve conduction testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on February 12, 2015 in its determination. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was status post lumbar epidural steroid injections. MRI imaging of the lumbar spine to search for a neuroforaminal stenosis and spinal stenosis was proposed, along with electrodiagnostic testing of the bilateral lower extremities. The applicant was described as having lower extremity paresthesias. The applicant's medical history was not detailed. In a handwritten progress note dated March 13, 2015, the applicant was, once again, placed off of work, on total temporary disability, while pain management consultation and epidural steroid injection therapy were endorsed. The applicant's medications list was not detailed. On August 19, 2014, the applicant was described as having ongoing complaints of low back and knee pain with ancillary complaints of depression and anxiety. The applicant's medical history was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation V.3 > Chronic Pain > Diagnostic / Treatment Considerations > Diagnostic Testing > Electromyography.

**Decision rationale:** No, the request for nerve conduction testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, the routine usage of electrical studies of the lower extremities is not recommended absent some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having issues with suspected lower extremity entrapment neuropathies, tarsal tunnel syndrome, etc. The sole suspected consideration, per the attending provider, was lumbar spinal stenosis, it was stated on the progress note of December 11, 2014 on which the nerve conduction testing in question was proposed. While the Third Edition ACOEM Guidelines Chronic Pain Chapter supports nerve conduction studies in applicants in whom there is peripheral systemic neuropathy of uncertain cause, in this case, however, there was no mention of a peripheral neuropathy being suspected here. The applicant did not, moreover, carry a systemic diagnosis such as diabetes, hypothyroidism, alcoholism, etc., which would predispose toward development of a generalized lower extremity neuropathy. Therefore, the request was not medically necessary.