

<b>Case Number:</b>	CM15-0238512		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 3-15-2010. The medical records indicate that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus, lumbar stenosis, facet hypertrophy of the lumbar spine, and status post lumbar laminectomy at L4-5 (7-20-2012). According to the progress report dated 10-29-2015, the injured worker presented with complaints of persistent low back pain. He notes constant radiation of aching pain down into his posterior thighs, associated with numbness down both lower extremities to the level of his feet. He reports that his leg symptoms are worsening with time. On a subjective pain scale, he rates his pain 8-9 out of 10. The physical examination of the lumbar spine reveals decreased and painful range of motion, pain with facet loading bilaterally, decreased sensation in the left L4, L5, and S1 dermatomes, and positive straight leg raise bilaterally. The current medications are Norco, Soma, Oxycodone, Ambien, and Flector patches. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, home exercise program, epidural steroid injection, and surgical intervention. Work status is described as permanent and stationary. The treatment plan included EMG-NCS of the bilateral lower extremities, follow-up with pain management, and transforaminal epidural steroid injection bilaterally at L4-5 and L5-S1. The original utilization review (11-25-2015) had non-certified a request for NCV of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 (acute and chronic) NCV.

**Decision rationale:** The request is for an updated nerve conduction velocity (NCV) test of the bilateral lower extremities. However the medical records submitted do not indicate that a prior NCV was performed or what the results may have been. Clarification is needed before consideration for a repeat test can be given. The medial records also do not indicate a significant change in the patient's symptoms or clinical presentation to warrant repeat testing. Further, ODG states that NCV tests are not recommended and there is minimal justification to perform NCV if a radiculopathy is clinically present. Therefore the request is not medically necessary or appropriate at this time.