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| <b>Case Number:</b>   | CM14-0115898 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 11/27/2013 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 06/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old male with a reported injury on 11/27/2013. The mechanism of injury was dropping a large metal cart onto his foot. The injured worker's diagnoses included status post fracture of the metatarsal phalangeal fusion plate, left great toe, with failure of fixation; status post revision arthrodesis/fusion, metatarsal phalangeal joint, left great toe; lumbar spine myoligamentous sprain/strain; lumbar degenerative disc disease/lumbar spondylosis; and lumbar radiculopathy. The injured worker's past treatments included physical therapy, medications and a knee scooter. The injured worker's diagnostic testing included left foot x-rays, lumbar spine x-rays on 12/11/2013 which showed moderate degenerative disc disease at L4-5 and L5-S1, and degenerative scoliosis. The injured worker also had a lumbar MRI on 11/14/2013 which showed moderate canal narrowing at L3-4, moderate foraminal stenosis on the right at L2-3, and on the left at L3-4, and moderate lumbar scoliosis. The injured worker's surgical history included a revision of left first metatarsal phalangeal joint fusion on 02/27/2014. The injured worker was evaluated on 06/03/2014 for continued severe low back pain occasionally radiating to the lower extremities. The clinician observed and reported a focused examination which found motor strength of the lower extremities to be normal at 5/5 with the exception of the left ankle, as the patient was status post surgery at that time. Sensation in the lower extremities was impaired along the right L5 dermatome. Deep tendon reflexes were 2+ bilaterally. The clinician's treatment plan was to continue the pain medications, have electrodiagnostic studies, and return for evaluation in 4 weeks. The request was for nerve conduction velocity study of the right lower extremity. No rationale for this request was provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity Study of the Right Lower Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (web) 2013 Low Back Chapter 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, Nerve Conduction Studies.

**Decision rationale:** The request for Nerve Conduction Velocity Study of the Right Lower Extremity is not medically necessary. The injured worker continued to complain of low back pain with radiation to the lower extremities. The Official Disability Guidelines do not recommend nerve conduction studies of the lower extremities. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The physical exam found decreased sensation along the L5 dermatome; however, motor strength and deep tendon reflexes were normal. Therefore, the request for Nerve Conduction Velocity Study of the Right Lower Extremity is not medically necessary.