

<b>Case Number:</b>	CM14-0213357		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/23/2001
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a date of injury of 2/23/01. She is being treated for chronic low back pain with right radiculopathy. Subjective findings on 11/4/14 include increasing back pain, difficulty raising right foot with weakness and pain and increased numbness and tingling in the right foot. Objective findings include low back pelvic brim tenderness right greater than left, absent right foot dorsiflexors and EHL compared to left, decrease sensation on dorsum and lateral aspect of right foot, normal DTRs and right knee tenderness and swelling. X-rays reported of the lumbar spine to show degenerative disc disease worse at L4-5 and L5-S1. MRI 11/13/14 of the lumbar spine revealed asymmetric disc bulge at L4-5 with extruded component causing bilateral neuroforaminal narrowing most significant on the right side with severe central canal stenosis, bone marrow edema of the endplate at L4-5. EMG on 11/18/14 revealed active denervation of the anterior tibialis muscle and possible peroneus longus, can be neuropathy vs. lumbosacral radiculopathy. Treatment thus far has consisted of aspercream, anti-inflammatories and Norco. The Utilization Review on 11/24/14 found the request for NCV right leg to be non-certify due to lack of indication and an obvious radiculopathy.

### 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 right leg:** Upheld

**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 (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

**Decision rationale:** ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, the patients history, physical, MRI and EMG all demonstrate an obvious radiculopathy and NCV would not be necessary. As such, the request for NCV of the right leg is not medically necessary.