

<b>Case Number:</b>	CM15-0016648		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 35 year old male, who sustained an industrial injury on 03/26/2013. The diagnoses have included myofascial pain syndrome, lumbar spine strain, and left lumbosacral radiculopathy. Treatments to date have included epidural steroid injection and meds. Physical therapy is noted to have been ordered but not yet started. Diagnostics to date have included lumbar spine MRI which showed a herniated disc and nerve root impingement, according to progress notes. In a progress note dated 12/23/2014, the injured worker presented with complaints of continued pain in the back with some numbness of the left leg and leg weakness. The treating physician reported lumbosacral spasms and planned to bring injured worker back for electromyography. Utilization Review determination on 01/05/2015 non-certified the request for Nerve Conduction velocity Study Bilateral Lower Extremities citing Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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- Thoracic and Lumbar, Nerve Conduction Studies

**Decision rationale:** Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case the patient has known radiculopathy with corroborative imaging studies. NCV is not medically indicated. The request should not be authorized.