

<b>Case Number:</b>	CM15-0173825		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40 year old male, who sustained an industrial injury on 2-28-2010. Medical records indicate the worker is undergoing treatment for patellar tendinitis and gastro esophageal reflux disease. A recent progress report dated 8-6-2015, reported the injured worker complained of pain in the lumbar, sacroiliac, buttocks and bilateral lower extremities, rated on average 7 out of 10. Physical examination revealed tenderness to the lumbar, bilateral sacroiliac, right buttock and bilateral knees. Lumbar range of motion was as follows: flexion 50 degrees, extension 15 degrees, left and right lateral flexion 15 degrees and left and right rotation 15 degrees. There was also palpable tenderness of the bilateral medial joint line with crepitus and edema. Bilateral knee magnetic resonance imaging showed medial and lateral chondromalacia and possible sprain. Lumbar magnetic resonance imaging showed lumbar 5-sacral disc protrusion. Treatment to date has included physical therapy, home exercise program, Tramadol and Voltaren. The physician is requesting nerve conduction study (NCS) of the bilateral lower extremities. On 8-13-2015, the Utilization Review noncertified a request for a nerve conduction study (NCS) 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:

**Nerve Conduction Study, Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (web: updated 7/17/2015) EMG.

**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 (NCS).

**Decision rationale:** Per the ODG guidelines with regard to NCS: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) 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. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are 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. As the requested treatment is not recommended, and there is no compelling reason given to support medical necessity, the request is not medically necessary.