

<b>Case Number:</b>	CM15-0060730		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/10/1997
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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

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 67-year-old male, with a reported date of injury of 09/10/1997. The diagnoses include lumbar spinal canal stenosis. Treatments to date have included physical therapy, chiropractic treatments, acupuncture, two lumbar epidural steroid injections, x-rays of the lumbar spine, and an MRI of the lumbar spine. The orthopaedic consultation report dated 03/04/2015 indicates that the injured worker stated that he recently developed the onset of right lower extremity pain while lying on his right side. The injured worker also complained of low back pain. The physical examination revealed negative straight leg raise, normal strength and normal sensations. No focal areas of tenderness upon palpation of the lumbar spine, and positive supine and active right straight leg raise test. The treating physician requested nerve conductive velocity for the right lower extremity.

### 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 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 (ODG), Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The request for electrodiagnostic studies is not supported as there is no evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the lumbar spine or a peripheral neuropathy in the lower extremities. The physical examination has revealed negative straight leg raise, normal strength and normal sensations. The request for Nerve conduction velocity (NCV) of the right lower extremity is not medically necessary and appropriate.