

<b>Case Number:</b>	CM15-0072555		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Preventive Medicine, Occupational 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 43 year old male injured worker suffered an industrial injury on 07/16/2013. The diagnoses included lumbar herniated disc. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 3/4/2015 the treating provider reported low back pain and right leg pain that had gotten significantly worse. The reflexes are weak in the right leg with decreased sensation and positive straight leg raise. The treatment plan included 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:

**NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 Chapter/Nerve Conduction Studies (NCS) section.

**Decision rationale:** The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are helpful in diagnosing lumbar pathologies, but when the neurologic examination is less clear, electrodiagnostic testing may provide further physiologic evidence of nerve dysfunction in patients who do not respond to treatment and who would consider surgery as an option. This injured worker's radiculopathy has already been clinically diagnosed. Medical necessity of NCV testing has not been established within the recommendations of the ODG. The request for NCV bilateral lower extremities is not medically necessary.