Case Number:	CM13-0021687		
Date Assigned:	11/13/2013	**Date of Injury:**	05/29/2013
Decision Date:	01/30/2014	**UR Denial Date:**	08/22/2013
Priority:	Standard	**Application Received:**	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 48-year-old with a date of injury on 5/29/13. The progress report dated 8/8/13, by [redacted], noted that the patient's diagnoses include: left knee pain, lumbar spine strain, low back pain, and radiculitis/neuritis of the thoracic or lumbar region. The patient continued with left low back, left thigh, and left knee pain. The patient also reported numbness in the left foot medial arch. Exam findings included: 80Â° flexion of the lumbar spine with moderate discomfort; tenderness of the left L5 paraspinal area; and normal motor and sensory exam. An EMG/NCS (electromyogram/nerve conduction velocity study) was recommended to rule out radiculopathy. The utilization review letter dated 8/22/13 recommended denial of EMG/NCS of the left lower extremity, because objective findings on examination do not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change.

IMR ISSUES, DECISIONS AND RATIONALES

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

An NCS (Nerve Condution Study) of the left lower extremety: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The progress report dated 8/8/13, by [redacted], noted that the patient continued with left low back, left thigh, and left knee pain. The patient also reported numbness in the left foot medial arch. The Low Back Complaints Chapter of the ACOEM Practice Guidelines does not support NCS for low back and leg symptoms, but supports EMG with H-reflex testing only. NCS can be helpful in differentiating peripheral neuropathies or myopathies but these concerns are not mentioned by the treater. The request for an NCS of the left lower extremety is not medically necessary or appropriate.

An EMG of the left lower extremety: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states, "Electromyography (EMG), including H-refelx tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The progress report dated 8/8/13, by [redacted], noted that the patient continued with left low back, left thigh, and left knee pain. The patient also reported numbness in the left foot medial arch. The patient has had symptoms of low back pain for more than three or four weeks. The request for an EMG of the left lower extremety is medically necessary and appropriate.