

<b>Case Number:</b>	CM13-0069570		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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. The expert reviewer is Board Certified in Neurology 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old female with a date of injury of 5/11/12. The injured worker reports thoracic and low back pain resulting from the repetitive lifting of boxes weighing up to fifty lbs. The injured worker has been treated with oral medications for pain control in addition to treatment with chiropractic care. The injured worker has had both an MRI (magnetic resonance imaging) of the thoracic spine and lumbar spine. The thoracic spine MRI from 2/12/13 revealed a 3 mm disc bulge at T6-T7. The lumbar spine MRI from 10/29/12 is reported as negative. A physical examination performed on 2/4/2013 showed the injured worker had normal strength in the lower extremities. The injured worker also had a normal sensory examination of the lower extremities. A straight leg raise test was performed bilaterally to seventy five degrees without eliciting any radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

**Decision rationale:** In reviewing the recommendations for patients with occupational low back complaints that are slow to recover (symptoms greater than 4 weeks), electromyography (EMG) and Nerve conduction study (NCS) are not recommended in patients who do not demonstrate neurological symptoms in the lower limbs. In this case, the injured worker has a normal neurological exam of the lower extremities bilaterally, thus the medical necessity of an EMG or NCS the right or left lower extremity are not established. As such, the request is not certified.

**NCS LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

**Decision rationale:** In reviewing the recommendations for patients with occupational low back complaints that are slow to recover (symptoms greater than 4 weeks), electromyography (EMG) and Nerve conduction study (NCS) are not recommended in patients who do not demonstrate neurological symptoms in the lower limbs. In this case, the injured worker has a normal neurological exam of the lower extremities bilaterally, thus the medical necessity of an EMG or NCS the right or left lower extremity are not established. As such, the request is not certified..

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