

<b>Case Number:</b>	CM14-0000574		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine, 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 patient is a 26-year-old male who was injured on 10/19/13 when he was involved in a motor vehicle accident. A progress report dated 11/20/13 indicates that the patient complained of intermittent lumbar spine pain radiating into the back with associated numbness and tingling sensations on the left leg extending to the foot. The patient rated his pain as a 4-7/10. Objective findings on exam revealed tenderness with range of motion of the lumbar spine. Range of motion revealed flexion to 30, extension to 10, right lateral bending to 10, and left lateral bending to 10. Straight leg raise is negative on the right and positive on the left. Kemp's test is positive on the right side. Sensation is intact on the right and decreased on the left in L5 and S1 muscle groups. He has a diagnosis of lumbar strain, rule out disc herniation, and left lower extremity radicular findings. He is prescribed Ultram as a second line therapy as the patient has tried and failed other first line therapies including restrictions, medications, and home exercises. The patient is to undergo a MRI of the lumbar spine, EMG/NCS of lower extremity, and physical therapy twice a week for six weeks to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV OF THE RIGHT LOWER EXTREMITY AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** This is a request for EMG/NCV of the right lower extremity for a 26-year-old male injured on 10/19/13 in an automobile accident. The patient has low back pain with left lower extremity numbness and tingling. Examination is significant for positive straight leg raise on the left and diminished sensation on the left in an L5 and S1 distribution. A request is made for bilateral lower extremity EMG/NCV. According to the MTUS and Official Disability Guidelines, electrodiagnostic studies may be indicated in the evaluation of suspected nerve root compromise. However, in this case the patient does not have right lower extremity complaints or examination findings. He only has left lower extremity complaints and examination findings. Medical necessity for right lower extremity EMG/NCV is not established.