

<b>Case Number:</b>	CM14-0031386		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine and Rehabilitation 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 61 year-old male sustained an injury on 7/2/12 while employed by [REDACTED]. Report of 1/6/14 from the provider noted patient with low back, right knee, and left ankle pain rated at 8/10. The patient has had 17 physical therapy visits and completed 4 of the 8 acupuncture sessions. Low back pain was described as radiating to bilateral lower extremities in the knee and feet with some weakness; there is also right knee pain with popping, clicking, and locking up; left ankle sharp and burning pain. The patient remained temporarily totally disabled with treatment plan to continue medications, EMG/NCV of bilateral lower extremities, and MRA of the right knee. Requests for EMG and NCV of bilateral lower extremities were non-certified on 1/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV STUDY OF THE BILATERAL LOWER EXTREMITIES (BLE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy. Additionally, medical records have not demonstrated lumbar neuropathy or entrapment syndrome. The requests for an EMG/NCV of the bilateral lower extremities are not medically necessary and appropriate.