Case Number:	CM14-0068668		
Date Assigned:	07/14/2014	**Date of Injury:**	10/12/2013
Decision Date:	09/09/2014	**UR Denial Date:**	04/21/2014
Priority:	Standard	**Application Received:**	05/13/2014

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 & 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:

This 28 year-old patient sustained a low back, leg, and arm injury from no specific event on 10/12/13 while employed by [redacted]. Request(s) under consideration include EMG left lower extremity and NCS left lower extremity. Conservative care has included formal physical therapy, medications, and modified activities/rest. Lumbar spine MRI dated 1/15/14 showed degenerative disc protrusion at L5-S1 without evidence for canal, neural foraminal stenosis or nerve impingement. Report of 4/2/14 from the provider noted the patient with slow improvement in the low back and leg pain with associated numbness and tingling. Exam noted tenderness and negative SLR producing back tightness without neurological deficits. Diagnoses included non-specific "pain." Request(s) for EMG left lower extremity and NCS left lower extremity were non-certified on 4/21/14 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/NCS of the 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): 309.

Decision rationale: This 28 year-old patient sustained a low back, leg, and arm injury from no specific event on 10/12/13 while employed by [redacted]. Request(s) under consideration include EMG left lower extremity and NCS left lower extremity. Conservative care has included formal physical therapy, medications, and modified activities/rest. Lumbar spine MRI dated 1/15/14 showed degenerative disc protrusion at L5-S1 without evidence for canal, neural foraminal stenosis or nerve impingement. Report of 4/2/14 from the provider noted the patient with slow improvement in the low back and leg pain with associated numbness and tingling. Exam noted tenderness and negative SLR producing back tightness without neurological deficits. Diagnoses included non-specific "pain." Request(s) for EMG left lower extremity and NCS left lower extremity were non-certified on 4/21/14. There were no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG and NCS of left lower extremity are not medically necessary and appropriate.