

<b>Case Number:</b>	CM13-0009750		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 & Rehabilitation, has a subspecialty in Pain 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 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. 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 is a female patient with a date of injury of November 10, 2007. A utilization review determination dated July 31, 2013 recommends noncertification of preop electrodiagnostic studies of upper extremity and one cervical spine flexion and extension films.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative electro diagnostic testing of the upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for preoperative electrodiagnostic studies of an upper extremity Occupational Medicine Treatment Guidelines state that when the neurologic examination is unclear, physiologic evidence in the form of EMG/nerve conduction studies may be obtained before ordering an imaging study. ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has been identified by EMG with obvious clinical signs. ODG goes on to state that the electromyography is recommended as an

option in selected cases of cervical radiculopathy. Within the documentation available for review, it appears the patient underwent EMG nerve conduction study on June 16, 2013. It is unclear why a repeat EMG nerve conduction study would be needed at the current time. The requesting physician has not identified any significant change in the patient's complaints or objective findings for which a repeat study of the same body parts would be required. In the absence of such documentation, the currently requested preoperative electrodiagnostic studies of an upper extremity are not medically necessary.

**A set of cervical spine flexion and extension x-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Radiography.

**Decision rationale:** Regarding the request for a set of cervical spine flexion and extension films Occupational Medicine Practice Guidelines state that the criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG guidelines recommend cervical radiography for cervical spine trauma, and as the 1st study for patients with chronic neck pain. Within the documentation available for review, there is no indication of cervical spine trauma. Additionally, this is clearly not a 1st study, as the patient has had numerous studies already performed. Furthermore, it appears the patient has had a flexion extension MRI. It is unclear what a cervical flexion extension x-ray would add to the clinical picture in light of the fact that the patient has already had numerous other studies of this anatomic area. Finally, the requesting physician has stated that the request for flexion extension radiographs is due to concerns of cervical instability. There is no documentation indicating why there would be concerns about instability such as recent trauma.