

<b>Case Number:</b>	CM13-0019524		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with date of injury 05/17/2013. The patient suffers from injuries to the head, neck, left arm, left shoulder, and low back with pains in these areas. The listed diagnoses per provider's report on 09/27/2013 include concussion, cervical and thoracic sprain and low back sprain with right sciatica. There is a utilization review letter dated 08/06/2013 and makes reference to RFA date 07/30/2013; the rationale provided by [REDACTED]. The reviewer said electrodiagnostic studies are not indicated or guideline supported as request on the initial evaluation, prior to persistence of 4 to 6 weeks of neuropathic symptoms despite conservative care. For x-rays, the reviewer indicated that the x-rays were already done, and there was no indication for repeat x-rays without documentation of the initial results and a clinical narrative of that explains why repeat studies are necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** This patient presents with neck, low back, and thoracic pain along with concussion following a motor vehicle accident. The injury occurred on 05/17/2013, and the treating physician obtained electrodiagnostic studies on 06/14/2013, less than 4 weeks following the injury. This request for electrodiagnostic studies of the bilateral upper and lower extremities were denied by utilization reviewer citing that the studies were obtained too early within the 4 to 6 weeks which is not recommended per guidelines. ACOEM Guidelines page 178, under neck chapter, states that, "EMG and NCV studies including H-reflexes may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks". In this case, the electrodiagnostic studies were obtained after 3 weeks, and with the ACOEM Guidelines specifically stating 3 or 4 weeks, therefore recommendation is for authorization of the obtained electrodiagnostic studies given the patient's radiating symptoms in both upper and lower extremities.

**NCV of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** This patient presents with neck, low back, and thoracic pain along with concussion following a motor vehicle accident. The injury occurred on 05/17/2013, and the treating physician obtained electrodiagnostic studies on 06/14/2013, less than 4 weeks following the injury. This request for electrodiagnostic studies of the bilateral upper and lower extremities were denied by utilization reviewer citing that the studies were obtained too early within the 4 to 6 weeks which is not recommended per guidelines. ACOEM Guidelines page 178, under neck chapter, states that, "EMG and NCV studies including H-reflexes may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks". In this case, the electrodiagnostic studies were obtained after 3 weeks, and with the ACOEM Guidelines specifically stating 3 or 4 weeks, therefore recommendation is for authorization of the obtained electrodiagnostic studies given the patient's radiating symptoms in both upper and lower extremities.

**X-ray of the cervical/thoracic/lumbar spine and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178,303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging.

**Decision rationale:** This patient presents with neck, low back, and thoracic pain with radiation of the both upper and lower extremities and persistent shoulder pain. There is a request for x-

rays of the cervical, thoracic, lumbar spine and the left shoulder. However, these studies were already obtained on 06/03/2013 including C-spine for flexion and extension. The provider's reports do not explain why another set of x-rays are required. A review of the reports does not show x-ray reports of the lumbar and thoracic spine. The ODG Guidelines for x-rays of the lumbar spine recommends it for uncomplicated low back pain trauma, steroids, osteoporosis over 70, or suspicion of cancer infection, and for lumbar spine with trauma (a serious bodily injury), pain and tenderness, or lumbar spine trauma with neurologic deficit or seatbelt fracture. For x-rays of the shoulder, ODG Guidelines states that it is indicated for acute shoulder trauma, rule out fracture or dislocation, questionable bursitis, and blood calcium. This patient does not seem to fit any of the criteria listed per ODG Guidelines. ACOEM Guidelines require presence of redflags or progressive neurologic deficits for specialized studies. Given that this patient has already had cervical spine and left shoulder x-rays, and there is no indication for thoracic and lumbar spine x-rays based on the patient's clinical presentation, recommendation is for denial.