

<b>Case Number:</b>	CM13-0059826		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Illinois. 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 52-year-old female who reported an injury on 04/25/2013. The injury was noted to have occurred when she deflected an exercise ball thrown in her direction by putting up her left hand. Her diagnoses include cervical myalgia, cervical myospasm, cervical radiculitis/neuritis, cervical disc herniation without myelopathy, and cervical spine degenerative joint disease/degenerative disc disease. At her appointment on 10/11/2013, it was noted that the patient's symptoms included headaches with radiating pain to her neck, left sided neck pain with radiation into her left thumb and fingers, left sided upper back pain, and chronic left wrist pain. Her physical exam findings included decreased motor strength in the cervical spine to 4/5 in all planes, and decreased range of motion. It was noted that there neurological exam was within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) set of X-rays with AP, LAT, extension and flexion views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** According to ACOEM Guidelines, the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to invasive procedure. The clinical information submitted for review indicates that the patient has persistent neck pain, as well as left upper back pain, left wrist pain, and headaches. However, it was noted that her neck pain had improved with therapy and acupuncture. The clinical information submitted for review failed to provide evidence of a possible red flag condition, significant neurological deficits, or other indication for updated imaging. Additionally, the patient was noted to have previously had cervical spine x-rays as well as an MRI. Moreover, the request for x-rays failed to indicate which body part was being requested. In the absence of these details and in indication for imaging studies, the request is not supported.

**One (1) EMG/CV of the BUE:** 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**Decision rationale:** According to ACOEM Guidelines, electromyography and nerve conduction velocity study may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms. The clinical information submitted for review failed to show evidence of significant neurological deficits to warrant electrodiagnostic studies. Additionally, the patient was shown to have had a diagnostic evaluation on 11/26/2013 which included electromyography and nerve conduction studies. The documentation failed to provide an indication stating why the patient needs repeat studies. For these reasons, the requested service is non-certified.

**One (1) psychological screening before spine surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101-101.

**Decision rationale:** According to the California MTUS Guidelines, psychological evaluations are generally accepted, well established diagnostic procedures for patients with chronic pain. Additionally, psychosocial evaluations should determine if further psychosocial intervention is indicated. The clinical information submitted for review failed to provide any documentation regarding a plan for spinal surgery. Therefore, it is unclear why a psychological screening prior to spinal surgery is being requested. Furthermore, the documentation failed to show any evidence

of significant psychological factors to warrant an evaluation. In the absence of further details regarding the request for a psychological screening prior to spinal surgery, the request is not supported.