

<b>Case Number:</b>	CM14-0026142		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/18/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 injured worker is a 54-year-old female who reported an injury on 08/18/2007, due to an unknown mechanism of injury. The injured worker complained of neck pain and discomfort of the right upper extremity with numbness. On 01/15/2014 the physical examination revealed that the injured worker had limitation of neck movements, with mild weakness of the right hand. On 01/07/2014 the MRI of the cervical spine revealed degenerative cervical spondylosis with reversal of the normal cervical lordotic curve at the C5-7 level, severe right neural foraminal stenosis at C4-5, C5-6, C6-7, and mild to moderate central stenosis at C5-6. The most current diagnoses for the injured worker are post traumatic neck pain, left C5 and C6 radiculopathies and recent exacerbation of neck pain due to fall. There is no recent documentation of past treatment methods. The injured worker was on Cymbalta and Motrin. The current treatment plan was for x-ray of the cervical spine 2 or 3 views quantity 1, x-ray of the cervical spine including oblique in flexion and/or extension studies quantity 1, EMG of right upper extremity quantity 1, EMG of left upper extremity quantity 1, NCS of right upper extremity quantity 1, and NCS of left upper extremity quantity 1. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the Cervical Spine, 2 Or 3 Views: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging - X-Rays.

**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 (ODG), Neck & Upper Back, Radiography (x-rays).

**Decision rationale:** The injured worker has a history of neck pain that radiates to both upper extremities. The California MTUS/ACOEM guidelines state that cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The Official Disability Guidelines state that x-rays are not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. There was no rationale provided for this request. The injured worker had an MRI on 01/07/2014. In addition, the injured worker intends to continue with her conservative care treatment options. Based on the lack of documentation provided indicating a rationale for the request, the request is not medically supported at this time. Given the above, the request for x-ray of cervical spine 2 or 3 views quantity is not medically necessary.

**X-Ray Of Cervical Spine Including Oblique And Flexion and/or Extension Studies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging - X-Rays.

**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 (ODG), Neck & Upper Back, Radiography (x-rays).

**Decision rationale:** The injured worker has a history of neck pain that radiates to both upper extremities. The California MTUS/ACOEM guidelines state that cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The Official Disability Guidelines state that x-rays are not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. There was no rationale provided for this request. The injured worker had an MRI on 01/07/2014. In addition, the injured worker intends to continue with her conservative care treatment options. Based on the lack of documentation provided indicating a rationale for the request, the request is not medically supported at this time. Given the above, the request for x-ray of cervical spine oblique in flexion and/or extension studies is not medically necessary.

**Electromyography (EMG) Of Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

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

**Decision rationale:** The injured worker has a history of neck pain that radiates to both upper extremities. The ACOEM guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was no rationale provided for this request. There was lack of documentation of whether or not the symptoms of the injured worker could not be determined as, or related to possible radiculopathy or possible compression neuropathy, which would indicate the need for the EMG study. In addition, the injured worker intends to continue with her conservative care treatment options. Based on the documentation provided, the request is not medically supported at this time. Given the above, the request for EMG of the right upper extremity is not medically necessary.

#### **Electromyography (EMG) Of Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

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

**Decision rationale:** The injured worker has a history of neck pain that radiates to both arms. The ACOEM guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was no rationale provided for this request. There was lack of documentation of whether or not the symptoms of the injured worker could not be determined as, or related to possible radiculopathy or possible compression neuropathy, which would indicate the need for the EMG study. In addition, the injured worker intends to continue with her conservative care treatment options. Based on the documentation provided, the request is not medically supported at this time. Given the above, the request for EMG of the right upper extremity is not medically necessary.

#### **Nerve Conduction Studies (NCS) of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM 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) Neck & Upper Back, Nerve conduction studies (NCS).

**Decision rationale:** The injured worker has a history of neck pain that radiates to both upper extremities. The ACOEM guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines state that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There was no rationale provided for this request. There was lack of documentation of whether or not the symptoms of the injured worker could not be determined as, or related to possible radiculopathy or possible compression neuropathy, which would indicate the need for NCV in addition to EMG. In addition, the injured worker intends to continue with her conservative care treatment options. Based on the documentation provided, the request is not medically supported at this time. The request for NCS of the right upper extremity is not medically necessary.

**Nerve Conduction Studies (NCS) of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM 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) Neck & Upper Back, Nerve conduction studies (NCS).

**Decision rationale:** The injured worker has a history of neck pain that radiates to both upper extremities. The ACOEM guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines state that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have

symptoms on the basis of radiculopathy. There was no rationale provided for this request. There was lack of documentation of whether or not the symptoms of the injured worker could not be determined as, or related to possible radiculopathy or possible compression neuropathy, which would indicate the need for NCV in addition to EMG. In addition, the injured worker intends to continue with her conservative care treatment options. Based on the documentation provided, the request is not medically supported at this time. Given the above, the request for NCS of the left upper extremity is not medically necessary.