

<b>Case Number:</b>	CM14-0194164		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/21/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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, 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 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 is a patient with a date of injury of 1/21/08. A utilization review determination dated 10/29/14 recommends non-certification of cervical and lumbar films including flexion/extension and EMG/NCS BLE. 9/18/14 medical report identifies pain in the low back, right groin, and right knee. On exam, there is tenderness in the neck, back, and shoulders. He can elevate his arms to 150/180 degrees noted by pain. Patient is noted to be pending pain management visit, EMG/NCS reports, and reports of MRIs from the cervical and lumbar spine and shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical plain films including flexion and extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

**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 & Upper Back Chapter, Radiography

**Decision rationale:** Regarding request for x-rays, CA MTUS and ACOEM state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious

spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, the patient has a longstanding injury and prior imaging, but there is no indication of any red flags, progressive symptoms/findings, or another clear rationale for additional imaging with x-rays. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

**One lumbar plain films including flexion and extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays)

**Decision rationale:** Regarding request for x-rays, CA MTUS and ACOEM state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. Within the documentation available for review, the patient has a longstanding injury and prior imaging, but there is no indication of any red flags, progressive symptoms/findings, or another clear rationale for additional imaging with x-rays. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

**EMG/NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for EMG/NCS, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no current physical examination findings supporting a diagnosis of lumbar radiculopathy and/or peripheral neuropathy. In the absence of such documentation, the currently requested EMG/NCS is not medically necessary.