

Case Number:	CM14-0102922		
Date Assigned:	07/30/2014	Date of Injury:	04/14/2014
Decision Date:	09/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported injuries due to a fall while pushing a heavy object on 04/14/2014. On 05/30/2014, his diagnoses included cervicothoracic sprain/strain, neuritis or radiculitis NOS, pain in the thoracic spine, contusion to the chest wall, rib sprain/strain, and elbow/forearm sprain/strain. His cervical spine ranges of motion measured in degrees were extension at 35/50 to 40/50, right rotation 70/80, and left rotation 60/80. On orthopedic examination, there was a positive foraminal compression test, positive right shoulder depression test and positive tinels sign at the inner crease of the right elbow and at the right wrist. X-rays and laboratory results were pending. The treatment plan included a request for chiropractic and physiotherapy to the neck and right upper extremities, pain management consultation, copy of the cervical MRI, and request for neurodiagnostic studies of the upper extremities to include EMG/ NCV/SSEP. There is no rationale included in this worker's chart. A request for authorization dated 06/04/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Semato-Sensory Evoked Potential (SSEP): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: labtestsonline.org.

Decision rationale: The request for One Somato-Sensory Evoked Potential (SSEP) is not medically necessary. Per labtestsonline.org, somatosensory evoked potential (SSEP) is a test that provides a brief electrical stimulus to the wrist or ankle. It detects disruptions in the pathways from the arms and legs to the brain at very specific points of the central nervous system. This test is used in the diagnosis of multiple sclerosis and also for diseases that can cause symptoms similar to MS to determine if they may be responsible for a patient's illness, such as, Lyme disease, syphilis, HIV, vitamin B12 deficiency, autoimmune disorders, sarcoidosis or vasculitis. Based on the submitted documentation, this worker had none of the above conditions or symptoms. Need for an SSEP had not been clearly demonstrated. Additionally, the body part or parts that this test was going to be used on were not specified. Therefore, this request for One Somato-Sensory Evoked Potential (SSEP) is not medically necessary.

One Neurodiagnostic Study: Electromyography (EMG) of the Upper Extremities: Upheld

Claims Administrator 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 and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for One Neurodiagnostic Study: Electromyography (EMG) of the Upper Extremities is not medically necessary. Per the California ACOEM Guidelines, nerve conduction velocity study is not recommended for all acute, subacute, and chronic hand, wrist, and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. The clinical information submitted failed to meet the evidence based guidelines for the EMG. Additionally, the submitted documentation spoke to this workers symptoms on right upper extremity only. There was no justification for any test involving both upper extremities. Therefore, this request for One Neurodiagnostic Study: Electromyography (EMG) of the Upper Extremities is not medically necessary.

One Neurodiagnostic Study: Nerve Conduction study of the Upper Extremities: Upheld

Claims Administrator 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 and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for One Neurodiagnostic Study: Nerve Conduction study of the Upper Extremities is not medically necessary. Per the California ACOEM Guidelines, the conduction velocity study is not recommended for all acute, subacute, and chronic hand and wrist and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. The clinical information submitted failed to meet the evidence based guidelines for the nerve conduction study. Additionally, submitted documentation spoke to this workers symptoms on right upper extremity only. There was no justification for any test involving both upper extremities. Therefore, this request for One Neurodiagnostic Study: Nerve Conduction study of the Upper Extremities is not medically necessary.