

Case Number:	CM14-0118794		
Date Assigned:	08/06/2014	Date of Injury:	04/06/1986
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational 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 patient is 65 y/o female who developed chronic cervical and lumbar problems secondary to a slip and fall on 4/6/86. She has been diagnosed with chronic cervical pain and post laminectomy syndrome with VAS scores between 7-10/10. She has been treated with cervical fusion at 2 levels, lumbar laminectomy L3-5 bilaterally on 3/14/12, and SI joint fusion. A lumbar MRI on 3/14/13 reveal advanced lumbar spondylosis with associated instability and multilevel of foraminal stenosis. No cord myelopathic changes were noted. She has long term complaints of generalized weakness with the left side feeling weaker than the right. Notes from the secondary treating physicians (pain management and spinal surgeon) document normal upper extremity sensation, reflexes and strength. These same notes document diminished sensation right L3-S1, with intact motor function bilaterally. These findings are chronic and stable. She has developed complaints on numbness to the left face and neck with a neurological consultation pending for these symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory evoked potential of the right upper extremity: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Sensory Evoked Potentials (SEPs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Evoked potential studies.

Decision rationale: Guidelines support the use of evoked potential studies if there is an unexplained myelopathy not adequately evaluated by other electrodiagnostic studies or MRI testing. ODG Guidelines points out these studies are rarely performed with the advent of MRI technology. The records send for review do not support an unexplained central cord myelopathic process in the cervical or lumbar spine. The cervical nerve roots are documented to have normal neurological function and the lumbar nerve roots have chronic sensory deficits on the right side, but motor function is described to be 4-5/5 stable and symmetric. The medical necessity of upper and/or lower extremity Somatosensory Evoked Potential Studies is not supported in the records reviewed. Therefor the request is not medically necessary.

Somatosensory evoked potential of the left upper extremity: Upheld

Claims Administrator 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), Treatment in Workers Compensation (TWC): Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Sensory Evoked Potentials (SEPs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Evoked Potential Studies.

Decision rationale: Guidelines support the use of evoked potential studies if there is an unexplained myelopathy not adequately evaluated by other electrodiagnostic studies or MRI testing. ODG Guidelines points out these studies are rarely performed with the advent of MRI technology. The records send for review do not support an unexplained central cord myelopathic process in the cervical or lumbar spine. The cervical nerve roots are documented to have normal neurological function and the lumbar nerve roots have chronic sensory deficits on the right side, but motor function is described to be 4-5/5 stable and symmetric. The medical necessity of upper and/or lower extremity Somatosensory Evoked Potential Studies is not supported in the records reviewed. Therefor the request is not medically necessary.

Somatosensory evoked potential of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Sensory Evoked Potentials (SEPs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Evoked Potential Studies.

Decision rationale: Guidelines support the use of evoked potential studies if there is an unexplained myelopathy not adequately evaluated by other electrodiagnostic studies or MRI testing. ODG Guidelines points out these studies are rarely performed with the advent of MRI technology. The records send for review do not support an unexplained central cord myelopathic process in the cervical or lumbar spine. The cervical nerve roots are documented to have normal neurological function and the lumbar nerve roots have chronic sensory deficits on the right side, but motor function is described to be 4-5/5 stable and symmetric. The medical necessity of upper and/or lower extremity Somatosensory Evoked Potential Studies is not supported in the records reviewed. Therefor the request is not medically necessary.

Somatosensory evoked potential of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Sensory Evoked Potentials (SEPs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Evoked Potential Studies.

Decision rationale: Guidelines support the use of evoked potential studies if there is an unexplained myelopathy not adequately evaluated by other electrodiagnostic studies or MRI testing. ODG Guidelines points out these studies are rarely performed with the advent of MRI technology. The records send for review do not support an unexplained central cord myelopathic process in the cervical or lumbar spine. The cervical nerve roots are documented to have normal neurological function and the lumbar nerve roots have chronic sensory deficits on the right side, but motor function is described to be 4-5/5 stable and symmetric. The medical necessity of upper and/or lower extremity Somatosensory Evoked Potential Studies is not supported in the records reviewed. Therefor the request is not medically necessary.