

Case Number:	CM14-0160075		
Date Assigned:	10/03/2014	Date of Injury:	03/15/1985
Decision Date:	11/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 03/15/85-11/02/10. The 08/05/14 report by [REDACTED] states the patient presents with bilateral wrist pain and weakness stronger left than right with associated increasing numbness and tingling to the fingers of both hands. The patient also presents with right shoulder and arm and upper and lower back pain along with inability to sleep at night. The patient is noted to be temporarily totally disabled for 6 weeks. Examination shows "unchanged" except for positive provocative testing of the median nerve bilateral and decreased light touch sensation median/ulnar for both sides with positive Phalen's test and median nerve compression left and right. The 07/25/14 examination reveals pain on palpation on both sides at the L3-S1 region with pain noted over the lumbar intervertebral space. Palpable twitch positive trigger points are noted at the interlumbar paraspinal muscles. The patient's diagnoses on 08/05/14 include:-Right and Left carpal tunnel syndrome-Right lateral epicondylitis-Right forearm middle third volar surface hypoesthesia going toward distal radial side-Right and Left basal joint degenerative traumatic arthritis-Left thumb stenosing tenosynovitis with local cystic structure-Left volar ganglion cyst-Left "FCR" tendinitis status post cortisone injection on 03/05/13. The utilization review being challenged is dated 09/04/14. The rationale is that SSEP is not supported for radiculopathies and peripheral nerve lesions where standard NCV studies are diagnostic. Reports were provided from 04/15/14 to 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory Evoked Potential (SSEP) for Left and Right Upper Extremity: 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, Evoked potential studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Evoked Potential Studies

Decision rationale: The patient presents with bilateral wrist pain and weakness with associated numbness and tingling to the fingers of both hands along with pain of the right shoulder and upper arm and upper and lower back. The treater requests for Somatosensory Evoked Potential (SSEP) Left and Right upper extremity. ODG guidelines Neck and Upper Back Chapter, Evoked Potential Studies topic states, "Recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic... Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients." The 08/05/14 treatment recommendations by [REDACTED] states the request is required for the ulnar and median nerves for, " Generalized analysis of the somatosensory nervous system; To determine a response based upon sensory stimulation; To obtain additional information regarding the possible dysfunction at the level of the peripheral nerve, brachial plexus, cervical spinal root & spinal cord." The treatment plan also notes prior nerve testing on 10/02/12. The results are not discussed and a copy of the report is not provided. The treatment recommendations also state, "Consult & Treat plan by a neurologist: EMG? NCV bilateral UE ..." The treater also states the patient's history is consistent with the patient's present subjective complaints, dropping objects, and neck pain. In this case, the patient is not documented to have unexplained myelopathy and the patient has radicular symptoms into the fingers. The request is not supported for radiculopathies. Therefore, the Somatosensory Evoked Potential (SSEP) for Left and Right Upper Extremity is not medically necessary and appropriate.