

Case Number:	CM14-0173443		
Date Assigned:	10/24/2014	Date of Injury:	02/20/2013
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 44-year-old male with a date of injury of 02/20/2013. The listed diagnoses per [REDACTED] are: 1. Status post cervical fusion with artificial disk, C6-C7. 2. Tissue swelling, right parascapular region, T6 to T8. 3. Rule out brachial plexus abnormality, right upper extremity. 4. Rule out carpal tunnel syndrome, right wrist and hand, associated with symptoms. 5. Residual myofascial pain. 6. C7 weakness, right triceps. According to progress report 09/18/2014, the patient presents with ongoing back pain. He notes new pain with numbness involving the left side of his neck. He has weakness with his gripping and weakness particularly to the triceps and point towards the triceps. The patient underwent an MRI of the cervical spine on 02/21/2014 which revealed 2-mm disk bulge at C5-C6. At C6-C7, decompression of the canal was noted with metal artifact. A CT myelogram of the cervical spine from 06/18/2014 reported postsurgical changes, otherwise, mild degenerative disease. X-ray of the cervical spine on 06/18/2014 revealed normal results. Physical examination revealed pain with lateral movement of the neck to the left at 25 degrees and crepitus was noted. He has decreased sensation along the index and medial aspect of the longer finger on the right side. There was weakness 4/5 in the right triceps compared to the left. In the thoracic area, there was fusiform enlargement around T7 to T9 along the medial aspect of the right scapula and tenderness to touch. The request is for a "somatosensory evoked potentials in the neutral and hyper-abducted position of the ulnar nerve to determine brachial plexus/thoracic outlet right upper extremity" and a MRI of the thoracic spine. Utilization review denied the request on 09/30/2014. Treatment reports from 05/15/2014 through 09/30/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) Low back chapter, MRIs magnetic resonance imaging

Decision rationale: This patient presents with continued low back pain. The treater is requesting an MRI of the thoracic spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." Per ODG-TWC guidelines "Indications for imaging -- Magnetic resonance imaging: - Thoracic spine trauma: with neurologic deficit. - Lumbar spine trauma: with neurologic deficit." Review of the medical file indicates there are multiple imaging for the low back and cervical spine but no prior MRI of the thoracic spine is noted. In this case, given examination showing fusiform mass medial to scapula and persistent, an evaluation with an MRI would appear reasonable therefore request is medically necessary.

Somato sensory evoked potentials: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Somatosenory Evoked Potentials

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a "somatosensory evoked potentials in the neutral and hyper-abducted position of the ulnar nerve to determine brachial plexus/thoracic outlet right upper extremity." Utilization review denied the request stating, there are no signs or symptoms to support a myelopathy. Somatosensory evoked potentials are not medically necessary for evaluation of peripheral nerve injuries." The ACOEM and MTUS guidelines do not discuss Somatosenory Evoked Potentials. ODG under its neck and upper back chapter has the following regarding Somatosenory Evoked Potentials, "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. Sensory evoked potentials (SEPs) may be included to assess spinal stenosis or spinal cord myelopathy." In this case, there is no indication of myelopathy or unconscious spinal cord injury to warrant such testing therefore request is not medically necessary.

