

Case Number:	CM14-0023860		
Date Assigned:	06/11/2014	Date of Injury:	09/01/2006
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 is licensed to practice in Illinois. 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 56-year-old male with an injury reported on 09/01/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/29/2014, reported that the injured worker complained of constant sharp, stabbing cervical pain that radiated downward. The physical examination revealed the range of motion of the injured worker's cervical spine was restricted in all planes. Upper extremity sensation to light touch was diminished over the C5 and C6 dermatome. It was noted that the injured worker's upper extremities motor strength measured 5/5. The injured worker's prescribed medication list included Prilosec, Ultram, Neurontin, Percocet, Imitrex, and Viagra. The injured worker's diagnoses included degeneration of the cervical intervertebral disc; postlaminectomy syndrome of cervical region; cervical disc displacement; cervical radiculitis; and headache. The provider requested for somatosensory evoked potentials (SSEP) for the bilateral upper extremities. The treating physician's rationale was not provided in clinical documentation. The Request for Authorization was submitted on 02/21/2014. The injured worker's prior treatment included therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMATOSENSORY EVOKED POTENTIALS (SSEP) FOR THE BILATERAL UPPER EXTREMITIES: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend evoked potential studies as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Guidelines do not recommend evoked potential studies 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. There is a lack of clinical documentation indicating the injured worker had unexplained myelopathy or a spinal cord injury. It is noted the injured worker complained of pain that radiated downward. It is noted the injured worker's upper extremities sensation to light touch was diminished over the C5 and C6 dermatome. It is also noted that the injured worker has a diagnosis of cervical radiculitis. The guidelines do not recommend evoked potential studies for radiculopathy; therefore, the request is not medically necessary.