

Case Number:	CM14-0036886		
Date Assigned:	06/25/2014	Date of Injury:	08/05/1998
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

On 02/14/2014 treating physician advised injured worker to undergo bilateral upper extremity EMG (Electromyography) and nerve conduction studies as well as Somatosensory Evoked Potential Studies (SSEPS) and Dermatomal Evoked Potential Studies (DEPS) to determine significant radiculopathy and/or myelopathy for which surgical decompression would be warranted. Injured worker diagnosed with cervical stenosis at C3-4, C4-5, C5-6 and C7-T1 as well as degenerative disc disease at C3-4 and C7-T1. The injured worker reported numbness in bilateral arms and feet intermittently with progression over the past year. There was more difficulty typing, painting and less able to play a piano. Physical examination was deferred. It indicates the injured worker was last seen on 3/18/11.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory evoked potential studies with bilateral C4, C5 DEPS: 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: Somatosensory evoked potentials.

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

Decision rationale: Evoked Potential Studies are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. They are not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. The medical records provided for review do not demonstrate any physical examination findings in support of upper motor neuron lesion (myelopathy) or any corroboration by imaging suggestive of myelopathy to support diagnostic testing of evoked potential. Therefore Somatosensory Evoked Potential Studies with bilateral C4, C5 DEPS is not medically necessary.