

Case Number:	CM14-0072637		
Date Assigned:	07/16/2014	Date of Injury:	08/06/2013
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 is a 21 year old female with a 8/6/13 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 1/28/14 reported subject complaints of pain in her right neck, shoulder, and arm, as well as tingling in her right hand. The pain is rated 7/10. Objective findings include positive AER (abduction external rotation) and EAST (elevated arm stress test) bilaterally. There were no dilated neck veins with arms elevated. Motor and sensory were normal in the ulnar and median nerve distributions. NCV studies on 10/20/13 were normal. She has tried physical therapy for 4 weeks without improvement. Diagnostic Impression: probable thoracic outlet syndrome. Treatment to Date: home exercise, physical therapy. A UR decision dated 4/30/14 denied the request for somatosensory-evoked potential test. There was no information provided that the patient has any unexplained myelopathy or is currently comatose. The ODG states that somatosensory-evoked potential testing is not currently recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory-Evoked Potential Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Evoked potential Studies- Neck and upper back chapter.

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.

Decision rationale: CA MTUS does not specifically address this issue. 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. Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. Fewer diagnostic SSEP studies are being performed now than in the pre-MRI era. However, in review of the provided documents, there is no clinical data suggestive of an unexplained myelopathy. There is certainly no mention of the patient being comatose. Therefore, the request for somatosensory-evoked potential test is not medically necessary.