

Case Number:	CM14-0099531		
Date Assigned:	07/28/2014	Date of Injury:	05/13/2013
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 51 year old male with a 5/13/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/11/14 noted subjective complaints of neck pain rated at 6/10. Objective findings included 4/5 strength of the left dorsal intrinsics, left wrist extensors and left triceps, and decreased sensation in the left C6, C8 and T1 dermatomes. Electrodiagnostic studies from 8/23/13 showed left C8 radial nerve lateral branch 3+ marked pathology and left C7 radial nerve medial branch 2+ moderate pathology. MRI demonstrated cord compression at multiple levels. SSEP and bilateral C6,7, 8 dermatomal evoked potentials were requested to confirm or exclude myelopathy and/or radiculopathy preoperatively. Diagnostic Impression: cervical myeloradiculopathy, cervical disc disease Treatment to Date: medication management, physical therapy, cervical ESI. A UR decision dated 6/23/14 denied the request for SSEP and bilateral C6, C7, C8 dermatomal evoked potentials. The patient has already undergone extensive EMG/NCV testing which has confirmed pathology. As the diagnosis has already been established, further diagnostic testing would not be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

SSEP - Somatosensory evoked potentials studies and Bilateral C6, C7, C8 Dermatomal Evoked Potentials: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter: Somatosensory evoked potentials (SSEPs), 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 chapter - evoked potential studies.

Decision rationale: CA MTUS does not specifically address this issue. ODG states that evoked potential studies are 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, the patient already has a clinical diagnosis of myeloradiculopathy, with physical exam findings and nerve conduction studies to support the diagnosis. The patient is clearly not unconscious from the provided documentation. It is unclear how evoked potential studies will benefit the patient or change management. Therefore, the request for SSEP - Somatosensory Evoked Potential Studies and Bilateral C6, C7, C8 Dermatome Evoked Potentials is not medically necessary.