

Case Number:	CM14-0137936		
Date Assigned:	09/05/2014	Date of Injury:	07/24/2013
Decision Date:	01/07/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 57-year-old male with a date of injury of 07/24/2013. The listed diagnoses are thoracic spondylosis, bilateral shoulder tendonitis, bilateral elbow sprain versus tear/lateral EPI, wrist/hand CTS. The listed diagnoses are hand written and partially illegible. According to progress report dated 07/23/2014, the patient presents with bilateral knee, cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral elbows and bilateral hand/wrist complaints. The treater states the patient has continued pain that is not radicular with no numbness and tingling. The patient has a decrease in pain with medications, and pain is reduced from 3-4/10 to 1/10 with medications. Blood pressure was noted as 127/81 mmHg, pulse is 68 bpm, and weight is 154 pounds. There is positive paraspinal tenderness in the upper trapezius. Positive Kemp's test was noted bilaterally, and negative straight leg raise is documented. The progress report provided for review is handwritten and partially illegible. The current request is for somatosensory of the bilateral upper and lower extremities. Utilization review denied the request on 08/19/2014. Treatment reports from 01/28/2014 through 07/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory BUE (Bilateral Upper Extremities): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has the following regarding Somatosensory Evoked Potentials

Decision rationale: This patient presents with upper and lower extremity complaints. The current request is for somatosensory BUE (bilateral upper extremities). The ACOEM and MTUS guidelines do not discuss Somatosensory Evoked Potentials. ODG under its neck and upper back chapter has the following regarding Somatosensory 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 that the patient presents with myelopathy, spinal cord injury or spinal stenosis to warrant such testing. Therefore, Somatosensory BUE (Bilateral Upper Extremities) is not medically necessary.

Somatosensory BLE (Bilateral Lower Extremities): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has the following regarding Somatosensory Evoked Potentials

Decision rationale: This patient presents with upper and lower extremity complaints. The current request is for somatosensory BLE (bilateral lower extremities). The ACOEM and MTUS guidelines do not discuss Somatosensory Evoked Potentials. The ODG guidelines state, "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. See the Neck Chapter. In this case, there is no indication of myelopathy or unconscious spinal cord injury to warrant such testing. Therefore, Somatosensory BLE (Bilateral Lower Extremities) is not medically necessary.l.