

<b>Case Number:</b>	CM15-0012876		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old male who reported an injury on 04/10/2012. His mechanism of injury was falling while walking down stairs carrying approximately 40 pounds. He fell backwards striking the back of his head, neck, and back on the stairs with loss of consciousness. The injured worker has received chiropractic care, psychological and psychiatric care, physical therapy, and group psychotherapy. The progress report dated 10/10/2014 documented the injured worker had complaints of neck pain with headaches. The pain was described as constant, sharp, and stabbing with headaches and memory loss. The injured worker states he is very forgetful, has complaints of headaches and dizziness, and numbness and tingling into both upper extremities. The injured worker has complaints of shoulder and lower back pain that is dull and achy becoming sharp and stabbing with increased activities. He had complaints of sleep deprivation, related to pain. The injured worker's diagnostic studies have included x-ray of the pelvis on 04/10/2012 demonstrating no pelvic fracture and a radiopaque foreign body overlying the right hip which may or not be in the patient. A CT scan of the brain without contrast performed on 04/10/2012 indicated normal non-contrast CT of the brain with no evidence of intracranial hemorrhage or fracture. On 04/10/2012, an MRI of the cervical spine without contrast indicated a disc protrusion at C5-6, which may represent traumatic disc bulging essentially on the right side of 3 mm with residual spinal canal diameter of 9 mm with abnormal annulus fibrosis. A chest x-ray performed on 04/ 10/2012 was normal. His surgical history was not included. His medications included sumatriptan 50 mg, Ambien 10 mg, Norco 10/325 mg, Elavil 25 mg, and pantoprazole 40 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive P300 Evoked Response:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MCG - part of the Hearst Health network 901 Fifth Avenue, Suite 2000, Seattle, WA 98164 / 888 464 4746 / www.mcg.com DS.02/15 Evoked Potentials: SEP, MEP, BAEP, VEP.

**Decision rationale:** The request for Cognitive P300 Evoked Response is not medically necessary. The request for cognitive P300 evoked response is not addressed in the California MTUS/ACOEM Guidelines or the Official Disability Guidelines. Therefore, information was sought from the Milliman Care Guidelines. The clinical indications for the procedure would include evoked potentials may be indicated for 1 or more of the following: (1) diagnosis of cervical myelopathy in presence of peripheral neuropathy; (2) surveillance in known cervical myelopathy, to assist in determination of timing of surgical intervention; (3) intraoperative monitoring of patient undergoing spinal surgery; (4) diagnosis of multiple sclerosis, when history, physical examination, and MRI are unable to establish diagnosis. Alternatives include imaging studies for neck pain and cervical spine disease or electrodiagnostic testing for neck pain and cervical spine disease. As indicated in the medical record, this injured worker has received MRI and the clinical indications for this procedure do not apply to this injured worker. Therefore, the request for cognitive P300 evoked response is not medically necessary.