

Case Number:	CM15-0168942		
Date Assigned:	09/09/2015	Date of Injury:	08/25/2008
Decision Date:	10/21/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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, Hawaii

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 60 year old male, who sustained an industrial injury on 8-25-2008. He reported cumulative trauma type injuries to the neck, right shoulder, and back, bilateral upper and bilateral lower extremities. Diagnoses include cervical degenerative disc disease, bilateral thoracic outlet syndrome with positive Adson's and Roo's testing, and lumbar radiculitis and disc protrusions, status post cervical surgery, left carpal tunnel release, and right shoulder surgery, and left ulnar nerve release. Treatments to date include activity modification, medication therapy, physical therapy, lumbar epidural steroid injections, and anterior scalene blocks. Currently, he complained of stable pain in bilateral upper extremities with radiation down to fingertips. The neck pain and headaches also were reported as stable. Pain was rated 8 out of 10 VAS with medications and 10 out of 10 VAS without medications. On 6-24-15, the physical examination documented cervical tenderness and hypoesthesia in the left cervical dermatomes. The medical records indicated symptoms were consistent with thoracic outlet syndrome, however, the MRI was not diagnostic, and the scalene muscle blocks were not successful. The injured worker had been evaluated by a neurologist with suggestion to undergo Somatosensory Evoked Potentials (SSEP) Testing, however, this evaluation was not submitted for this review. The appeal requested authorization for Somatosensory Evoked Potentials (SSEP) testing of the upper extremities. The Utilization Review dated 8-4-15, denied the request stating "medical necessity cannot be established" per Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

SSEP (somatosensory evoked potentials) testing of the upper extremities: 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) 2013 (online version) Neck and Upper Back Chapter, Sensory evoked potential studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Sensory Evoked Potentials.

Decision rationale: The patient presents with bilateral upper extremity pain that affects the shoulders down to the fingertips. The current request is for SSEP (Somatosensory evoked potentials) testing of the upper extremity. The treating physician's report dated 07/24/2015 (39B) states; the patient was seen by [REDACTED] on May 13, 2015. Per [REDACTED] report, the patient has symptoms compatible with bilateral thoracic outlet syndrome. He has recommended for an SSEP testing and second opinion neural neurology consultation. The ODG Guidelines under the Neck and Upper Back Chapter on Sensory Evoked Potentials states, 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, the patient does not present with unexplained myelopathy, spinal stenosis or spinal cord myelopathy. The patient does not meet the required criteria based on the ODG guidelines for SSEP. The current request is not medically necessary.