

Case Number:	CM15-0199878		
Date Assigned:	10/15/2015	Date of Injury:	07/12/2010
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44-year-old female, who sustained an industrial injury on 7-12-10. Medical records indicate that the injured worker is undergoing treatment for a new lumbar sprain with instability, bilateral lower extremity radiculopathy, neck pain with probable degenerative disc disease-degenerative joint disease, anxiety and depression. The injured workers current work status was not identified. On (9-8-15) the injured worker complained of low back pain with weakness down the bilateral lower extremities, which is increased with bending her neck forward when her legs are straight. The injured workers pain was rated 8 out of 10. Objective findings showed tenderness of the low back, upper back and neck. A sitting straight leg raising and neck down resulted in a positive Lhermitte sign. The injured worker was able to extend 10 degrees with increased pain. The injured worker was noted to be able to get up and down off the examination table somewhat easier. Treatment and evaluation to date has included medications, physical therapy and a lumbar right-sided microdiscectomy. Current medications include Brintellix, Lexapro, Methocarbamol, Zolpidem and Oxycodone-acetaminophen. The request for authorization dated 9-8-15 included one SSEPs (somatosensory evoked potentials) to evaluate the injured workers spinal cord function as part of sorting out her low back pain and bilateral lower extremity weakness. The Utilization Review documentation dated 9-24-15 non-certified the request for one SSEPs (somatosensory evoked potentials) study.

IMR ISSUES, DECISIONS AND RATIONALES

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

SSEPs (somatosensory evoked potentials), quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back (updated 09/22/15), 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 and Upper Back (Acute and Chronic) Evoked potential studies.

Decision rationale: The medical records indicate the injured worker sustained an injury on 7-12-10. lumbar sprain with instability, bilateral lower extremity radiculopathy, neck pain with probable degenerative disc disease-degenerative joint disease, anxiety and depression. Treatments have included medications, physical therapy and a lumbar right-sided microdiscectomy. Current medications include Brintellix, Lexapro, Methocarbamol, Zolpidem and Oxycodone-acetaminophen. Due to worsening symptoms she was referred to a spine surgeon who recently diagnosed her as cervical spondylosis with myelopathy, as a result of which the spine surgeon requested for SSEPs (somatosensory evoked potentials), quantity: 1. The medical records indicate the medical necessity of the requested test. While the MTUS is silent on the topic, the Official Disability Guidelines recommends it for unexplained myelopathies and or unconscious spinal cord injury patients. The request is medically necessary.