

Case Number:	CM15-0038026		
Date Assigned:	03/06/2015	Date of Injury:	05/15/2013
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old female sustained an industrial injury on 5/15/13, with subsequent ongoing back and neck pain. Magnetic resonance imaging thoracic spine (7/11/14), showed a small right paracentral disc protrusion at T7-8. Treatment plan included medications, physical therapy and chiropractic therapy. In a progress note dated 1/23/15, the injured worker reported that she felt like her left side was getting worse with pain, numbness, shooting pains and weakness. Physical exam was remarkable for tenderness to palpation to the lumbar spine and cervical spine paraspinals with right upper extremity sensation altered to light touch. The physician noted that the injured worker's pain was mainly neurogenic or radicular. Current diagnoses included myalgia and myositis, lumbago, cervicalgia, neuropathy and paresthesia. The treatment plan included continuing Norco and Lyrica. On 1/28/15 an order was written for an Evoked Potential Somatosensory lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evoked Potential Somatosensory lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, 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, Low Back Chapter, Evoked potential studies.

Decision rationale: Regarding the request for Evoked Potential Somatosensory lower extremity, CA MTUS does not address the issue. ODG cites that they are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients, but not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Within the documentation available for review, there is no indication of any symptoms/findings suggestive of unexplained myelopathy and the patient is not an unconscious spinal cord injury patient. In light of the above issues, the currently requested Evoked Potential Somatosensory lower extremity is not medically necessary.