

Case Number:	CM14-0143792		
Date Assigned:	09/12/2014	Date of Injury:	03/04/2008
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine 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:

This is a 53-year-old male patient who reported an industrial injury to the neck on 2/22/2010, over 4 years ago, attributed to the performance of his usual and customary job duties, reported to be due to the cumulative trauma. The patient complains of increased pain in the neck with pain increasing with upward and downward gazing. The objective findings on examination included crepitation with motion; motion of the neck does cause painful symptoms; tenderness in the right paracervical musculature with guarding; evidence of muscle spasm of the cervical spine; compression of the neck does not change the patient symptoms; distraction of the neck does not change the patient symptoms. The diagnosis was status post anterior cervical decompression and fusion at C4-C5 and C5-C6 during October 2010. The treatment plan included Norco for pain and SSEP studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

SSEP Lower: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178; 303; 62. Decision based on Non-

MTUS Citation ACOEM, low back disorders (updated 4/7/2008), page 62 Official Disability Guidelines (ODG) back chapter-somatosensory evoked potentials; EMG/NCS

Decision rationale: The requested SSEP studies may be 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. There are no objective findings documented by the requesting provider to support the medical necessity of the SSEP testing. The request represents a screening test and is not medically necessary. There is no demonstrated medical necessity for the evaluation of the patient with SSEP directed to the BLEs (bilateral lower extremities). The SSEP is ordered to provide a "generalized analysis of the somatosensory nervous system; to determine a response based upon sensory stimulation; and additional information possible dysfunction at peripheral nerve, brachial plexus, spinal root, or spinal cord level." The SSEP is ordered as a screening evaluation. There is no recommendation by the CA MTUS for the somatosensory evoked potentials based on the documented objective findings without prior conservative care. There is no demonstrated medical necessity for the requested SSEP testing of the bilateral lower extremities.