

<b>Case Number:</b>	CM14-0093007		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 65-year-old gentleman was reportedly injured on June 4, 2003. The mechanism of injury is noted as hitting his head and left shoulder during a fall. The most recent included progress note appears to be May 18, 2012, and indicates that there are ongoing complaints of neck pain, bilateral shoulder pain, and low back pain. The physical examination demonstrated tenderness and guarding along the cervical spine paraspinal muscles and upper trapezius. There was decreased sensation at C8 and T1 bilaterally and trigger points in the trapezius. There was tenderness over the right clavicle and acromioclavicular joint, along with a positive Neer's and Hawkins test. There was decreased right shoulder range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an anterior cervical discectomy and fusion at C3-C4, shoulder surgery, physical therapy, acupuncture, cortisone injections for the shoulders, a cervical spine epidural steroid injection, and oral medications. A request had been made for somatosensory evoked potentials, electromyography, and pedicle screw stimulation and was not certified in the pre-authorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (SSEP) Somatosensory evoked potentials:** Upheld

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

**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, Evoked Potential Studies

**Decision rationale:** According to the Official Disability Guidelines evoked potentials are recommended as a diagnostic tool option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Is not recommended for radiculopathy is or where from nerve lesions were standard nerve conduction velocity studies are diagnostic. As such, this request for somatosensory evoked potentials is not medically necessary.

**Electromyography:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) scan or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The injured employee has abnormal neurological findings on physical examination; however there is no MRI or CT scan for comparison. As such, this request for electromyography is not medically necessary.

**Pedicle Screw Stimulation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.readperiodicals.com/201206/2724788321.html> and on the Non-MTUS website, <http://ionm.pro/tag/pedicle-screw-stimulation/>

**Decision rationale:** It is unclear why there is request for pedicle screw stimulation as this is an intraoperative rather than a postoperative technique. Without further clarification and justification, this request for pedicle screw stimulation is not medically necessary.