

Case Number:	CM15-0015165		
Date Assigned:	02/03/2015	Date of Injury:	08/15/2013
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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:

The injured worker is a 54-year-old male, with a reported date of injury of 08/15/2013. The diagnoses include back strain, quadratus lumborum strain, numbness and tingling in the legs, and ligament/muscle strain and spasm. Treatments have included acupuncture, an electromyography/nerve conduction study of the bilateral lower extremities on 02/13/2014, physical therapy, oral medications, home exercise program, and heat and cold. The follow-up physical medicine and pain management examination report dated 11/17/2014 indicates that the injured worker had continued sharp dull aching pain and stabbing, burning sensation into the lumbar spine. The pain radiated, and he rated the pain 5-7 out of 10. His activities of daily living were limited. The objective findings include no abnormal curvatures of the lumbar spine, limited range of motion of the lumbar spine, tenderness to palpation in the lumbar paraspinals and quadratus lumborum, and full range of motion of the bilateral ankles and feet. The treating physician requested somatosensory evoked potential for the bilateral ankles and feet. The rationale for the request was not indicated. On 01/13/2015, Utilization Review (UR) denied the request for somatosensory evoked potential (SSEP) for the bilateral ankles and feet. The UR physician noted that the injured worker was not found to have objective findings indicating any neurological conditions. The National Institute of Neurological Disorders and Stroke was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory Evoked Potential for the Bilateral Ankles/Feet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Neurological Disorders and Stroke

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter, Evoked potential studies

Decision rationale: Regarding the request for somatosensory evoked potential studies, CA MTUS and ACOEM do not address the issue. ODG notes that SSEP is 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. Within the documentation available for review, there is no documentation of unexplained myelopathy or another rationale for the proposed studies. In the absence of such documentation, the currently requested somatosensory evoked potential studies are not medically necessary.