

<b>Case Number:</b>	CM15-0113922		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 46-year-old male who sustained an industrial injury on 06/06/2014 when loading heavy bags onto a truck. The injured worker was diagnosed with cervical stenosis and carpal tunnel syndrome. Treatment to date has included diagnostic testing with cervical spine and right shoulder magnetic resonance imaging (MRI) in July 2014, Nerve Conduction Velocity (NCV) in August 2014, electrodiagnostic studies in March 2015, cervical myelogram and Computed Tomography (CT) on March 4, 2015, ice and heat therapy, home exercises and medications. According to the consultation report on May 12, 2015, the injured worker continues to experience right arm pain with numbness and tingling. Examination demonstrated full range of motion of the elbow, forearm, wrist and digits. A positive Tinel's and carpal compression tests at the right median nerve were noted. There was a slight decreased sensation to light touch and scratch at the thumb and index finger on the right with weakness of thumb abduction and opposition bilaterally. Vascular was intact. Recommendation was non-operative treatment with brace, anti-inflammatory medications and possible local steroid injection. According to the primary treating physician physical examination on April 8, 2015, the injured worker rated his neck and radiating right arm pain as 8-9/10 on the pain scale. Motor strength was 4/5 in the right triceps and 3/5 in the right deltoid. The injured worker was noted to have decreased cervical range of motion on right and left rotation and extension to 20 degrees. Current medications are listed as Zanaflex and Ibuprofen. Treatment plan consists of the current request for a Magnetic resonance imaging (MRI) of the brachial plexus, somatosensory evoked potentials, upper limbs, lower limbs and trunk.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of brachial plexus, without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** CA MTUS states although conventional and CT myelography can be used to evaluate the nerve roots of the brachial plexus and to assess for pseudomeningocele formation, MRI has become increasingly important in the evaluation of brachial plexus pathology owing to the improved soft tissue resolution. With MRI, not only can the nerve roots of the brachial plexus be visualized, but also the trunks, divisions, and cords can be better seen and characteristics such as course, caliber, signal intensity, fascicular pattern, and size can be better evaluated. Additionally, improved soft tissue differentiation allows for improved detection of intrinsic and extrinsic pathology. MRI also has the additional benefit of multiplanar imaging. In this case, there is no documentation of a direct injury to the brachial plexus or plexopathy as indicated by the guidelines. Medical necessity for the requested study is not established. The requested study is not medically necessary.

**Somatosensory evoked potentials, upper limbs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Evoked potential studies.

**Decision rationale:** ODG states that Somatosensory evoked potentials (SEPs, SSEPs) or dermatosensory evoked potentials (DSEPs) are considered medically necessary to assess any decline which may warrant emergent surgery in unconscious spinal cord injury persons who show specific structural damage to the somatosensory system, and who are candidates for emergency spinal cord surgery, to localize the cause of a central nervous system deficit seen on exam, but not explained by lesions seen on CT or MRI; or to evaluate unexplained myelopathy. In this case, there is no indication of unexplained myelopathy or contraindication to obtaining standard nerve conduction studies. Medical necessity for the requested studies of the upper limbs is not established. The requested studies are not medically necessary.

**Somatosensory evoked potentials, lower limbs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Evoked potential studies.

**Decision rationale:** ODG states that Somatosensory evoked potentials (SEPs, SSEPs) or dermatosensory evoked potentials (DSEPs) are considered medically necessary to assess any decline which may warrant emergent surgery in unconscious spinal cord injury persons who show specific structural damage to the somatosensory system, and who are candidates for emergency spinal cord surgery, to localize the cause of a central nervous system deficit seen on exam, but not explained by lesions seen on CT or MRI; or to evaluate unexplained myelopathy. In this case, there is no indication of unexplained myelopathy or contraindication to obtaining standard nerve conduction studies. Medical necessity for the requested studies of the lower limbs is not established. The requested studies are not medically necessary.

**Somatosensory evoked potentials, trunk:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Evoked potential studies.

**Decision rationale:** ODG states that Somatosensory evoked potentials (SEPs, SSEPs) or dermatosensory evoked potentials (DSEPs) are considered medically necessary to assess any decline which may warrant emergent surgery in unconscious spinal cord injury persons who show specific structural damage to the somatosensory system, and who are candidates for emergency spinal cord surgery, to localize the cause of a central nervous system deficit seen on exam, but not explained by lesions seen on CT or MRI; or to evaluate unexplained myelopathy. In this case, there is no indication of unexplained myelopathy or contraindication to obtaining standard nerve conduction studies. Medical necessity for the requested studies of the trunk is not established. The requested studies are not medically necessary.