

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	7/27/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010813

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Somatosensory Evoked Potentials (SEP)** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Somatosensory Evoked Potentials (SEP) is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This patient is a 54-year-old man. His underlying date of injury is 09/27/2009. His diagnoses include cervical and lumbar degenerative disc disease with multilevel foraminal narrowing and multilevel disc protrusions. The initial appeal in this case noted that the medical records did not document any significant recent changes in the claimant's condition and that there was no physical examination documenting the neck or upper extremities and no indication of decreased range of motion or decreased strength or sensation or reflex changes. Therefore, a request for somatosensory evoked potentials was noncertified.

Prior to electrodiagnostic studies of the upper extremities of 12/29/2009 demonstrated a mild right ulnar nerve compression at the wrist. On 06/05/2013, electrodiagnostic studies demonstrated a chronic right C6-C7 cervical radiculopathy with no evidence of active axonal denervation.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Somatosensory Evoked Potentials :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Title 8 and ACOEM Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders, which are part of MTUS and the Official Disability Guidelines (ODG) Section: Neck and Upper Back and Section and Pain section, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 178, Special Studies and Diagnostic and Treatment Considerations, which is a part of the MTUS and the ODG, Neck/Sensory Potentials, which is not a part of the MTUS.

Rationale for the Decision:

ACOEM/Neck chapter states regarding somatosensory evoked potentials:

“Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected.” A review of the records indicates in this case do not include a clinical rationale to suspect spinal stenosis or spinal cord myelopathy, particularly given the limited recent physical examination data.

Additionally the Official Disability Guideline/Treatment in Worker’s

Compensation/Neck states regarding sensory evoked potentials “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.” This employee has undergone multiple standard electrodiagnostic studies which have been diagnostic. The medical records do not provide a rationale for somatosensory evoked potentials at this time. The requested treatment is not medically necessary based on the guidelines. **The request for Somatosensory Evoked Potentials is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.