

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	1/7/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004702

- 1) MAXIMUS Federal Services, Inc. has determined the request for **somatosensory evoked potential studies with bilateral C5-6, C7-8 dermatomal evoked potential studies** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 potential studies with bilateral C5-6, C7-8 dermatomal evoked potential studies 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.

Expert Reviewer Case Summary:

44 YO male injured his neck from a slip and fall on 1/2006. Had PT, chiropractic care and CESI. Off work for a year, still taking opiate analgesics and turned to full duty. More recently on 1/17/12 he fell again and tried to grab some plastic straps to prevent him from falling and injured both shoulders and his left elbow. He underwent right shoulder surgery on 8/7/12 with improved ROM post op. EMG/NCV was performed on 2/27/13 suggesting right C5 radiculopathy. He declined injections and was referred for cervical surgery consult. He was advised to undergo SSEP as components of the preoperative evaluation. He was reported to have numbness tingling and burning in the left arm including the ring and small fingers. Tinel's at the left elbow was consistent with the patient's left elbow ulnar nerve instability and cubital tunnel neuropathy.

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 potential studies with bilateral C5-6, C7-8 dermatomal evoked potential studies:**
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 Official Disability Guidelines (ODG), Neck and Upper Back, which is not part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pgs. 178, 182, which are part of the MTUS.

Rationale for the Decision:

ACOEM guidelines state that for imaging studies, when the neurological exam is not clear, an assessment with sensory-evoked potentials (SEPs) can be performed if spinal stenosis or myelopathy is suspected. In this case, for SEPs, the employee already had cervical MRI, showing foraminal stenosis, but no central canal stenosis or evidence to support myelopathy. There were also flexion/extension cervical radiographs that did not show instability or central stenosis. Exam findings did not show any signs of myelopathy, Cervical ROM was normal except for extension. The EMG/NCV was reported to show abnormalities with the Deltoid, C5, but it was more likely due to the surgeries on the deltoid. The studies were not needed to support the imaging study as the employee already had an MRI, and there was no evidence for central stenosis or myelopathy from physical examination, history, MRI, or prior EMG/NCV. **The request for somatosensory evoked potential studies with bilateral C5-6, C7-8 dermatomal evoked potential studies 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.