

<b>Case Number:</b>	CM17-0011730		
<b>Date Assigned:</b>	01/23/2017	<b>Date of Injury:</b>	10/13/2016
<b>Decision Date:</b>	02/14/2017	<b>UR Denial Date:</b>	12/27/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2017

### 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: Preventive Medicine, Occupational 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 37 year old female who sustained an industrial injury on October 13, 2016. The patient is being treated for strains and sprains injuries sustained cervical, thoracic and lumbar spine, shoulders and elbows. Subjective complaint reported nightly sleep disturbances secondary to pains experienced throughout neck, upper middle and lower spine, shoulders and intermittent elbows with pain. Objective documentation reported upon inspection lumbar spine found positive straight leg raise bilaterally with noted "discrepancies in sensory and reflex." Flexion and extension noted painful and "also discrepancies noted in the girth measurements of the lower extremities." Treatment rendered included diagnostic testing, activity modification, medication, consultation, course physical therapy, home exercise program and follow up. On December 19, 2016 a request was received for electrodiagnostic myography and nerve conduction study lower extremities that was certified and requested somatosensory evoked potential testing lower extremities which was noncertified by Utilization Review on December 27, 2016.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SSEP of the lumbar and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Intra-operative monitoring and Other Medical Treatment Guidelines [http://www.aetna.com/cpb/medical/data/100\\_199/0181.html](http://www.aetna.com/cpb/medical/data/100_199/0181.html).

**Decision rationale:** Guidelines do not support the use of SSEPs for a suspected diagnosis of radiculopathy. EMG studies are recommended with the possible inclusion of NCV studies if a peripheral neuropathy is suspected. The only situation where SSEPs are supported is during intra-operative monitoring during complex spinal surgery. Other major insurers review this in additional detail and are consistent with the recommendation that SSEP testing is not medically necessary unless there are unusual and rare neurological diseases present or suspected. There is inadequate documentation to support a reasonable suspicion of a rare and unusual neurological condition. Under these circumstances, the SSEP of the lumbar and lower extremities is not supported by Guidelines and is not medically necessary.