

Case Number:	CM13-0006983		
Date Assigned:	01/29/2014	Date of Injury:	04/20/2013
Decision Date:	04/23/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year-old female who was injured on 4/20/13. She was diagnosed with lumbar sprain and lumbar radiculopathy. The IMR application shows a dispute with the 7/19/13 UR decision on VsNCT for the lumbar region. The 7/19/13 UR letter from [REDACTED], was based on the 7/2/13 chiropractic report and request for VsNCT (voltage-actuated sensory nerve conduction threshold). Unfortunately the 7/2/13 report was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS, (ODG) Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS, Official Disability Guidelines (ODG), Lumbar Chapter: Cervical Chapter

Decision rationale: The patient has been diagnosed with lumbar radiculopathy and sprain. The request is for V-sNCT for the lumbar region. MTUS/ACOEM did not mention this, but ODG

guidelines, in the lumbar chapter refers readers to the cervical chapter for CPT and ODG states this is not recommended. The request is not in accordance with ODG guidelines.