

Case Number:	CM13-0023229		
Date Assigned:	11/15/2013	Date of Injury:	10/03/2012
Decision Date:	01/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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.

CLINICAL CASE SUMMARY

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

36-year-old male who had an injury on 10/3/12 when he was moving an object at work and felt a sharp pain in the upper body to the arms. His chief complaints on date of evaluation 10/25/12 were: Neck pain. 2. Mid back pain. 3. Low back pain. 4. Shooting pain in the upper body to the arms. Per evaluation on this date: This patient was initially treated at an outside facility that obtained x-rays of the thoracic spine and lumbar spine which showed a T7 compression fracture. At that time, they were not specific about whether this was acute, chronic or degenerative in nature and the patient has obvious very specific percussion tenderness over the T7 region as well as bilateral parathoracic spasm which may be indicative of acute traumatic fracture. Follow up examination on 12/20/12 revealed: DIAGNOSTIC STUDIES: X-Ray Lumbar spine: L5-translational vertebrae (s1) 2. 4 mm herniated nucleus pulposus with mild lateral recess stenosis. 3. No foraminal stenosis with annular tear. On October 5, 2012, he was driven to [REDACTED] due to severe pain in the spine and right lower extremity. He was provided with x-rays of the neck, mid, and low back. He was diagnosed with a fracture to the T7 level and placed on temporary total disability for 10 days. On November 14, 2012, he underwent MRI scans of the thoracic spine and lumbar spine. He has completed PT and four sessions of acupuncture treatment. He is provided with Naproxen, Norco, and Tizanidine. According to the Progress Report (PR-2) dated 06105/13 by the patient complained of low back pain. The patient had bilateral lower extremity radicular shooting pain, left greater than right. Functional status had been mildly improved since the last visit. The patient had increased mobility and strength and decreased pain intensity. According to the Case Status Report dated 08102/13 pt patient was diagnosed with radiculopathy of lower extremity and thoracolumbosacral sprain. Electrodiagnostic Study on 7/22/13: N

IMR ISSUES, DECISIONS AND RATIONALES

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

voltage actuated sensory nerve conduction threshold to the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and Neck , Current perception threshold (CPT) testing.

Decision rationale: Voltage actuated sensory nerve conduction threshold to the lumbar spine is not medically necessary. The CA MTUS Chronic Pain and CA MTUS ACOEM do not address the request for voltage actuated sensory nerve conduction threshold to the lumbar spine. Per ODG guidelines there are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of a patient over standard qualitative methods of sensory testing therefore this treatment is not medically necessary.