

Case Number:	CM13-0024557		
Date Assigned:	11/20/2013	Date of Injury:	04/18/2013
Decision Date:	01/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 and is licensed to practice in Illinois. 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:

The patient is a 19-year-old female who reported an injury on 04/18/2013 with the mechanism of injury being the patient was picking up and dropping off boxes of merchandise. The patient was noted to have intermittent moderate pain in the low back; the pain was noted to be a 6/10. The patient was noted to have tenderness to palpation in the lumbar paravertebral muscles at L5-S1 bilaterally. The patient's lumbar spine range of motion was noted to be decreased. The diagnosis was noted to be low back pain. Request was made for a voltage actuated sensory nerve threshold, quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage-actuated sensory nerve threshold, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Aetna policy:
http://www.aetna.com/cpb/medical/data/300_399/0357.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://paindx.net/downloads/Axon_Study_PredictingNerveRootPathology.pdf.

Decision rationale: California MTUS/ACOEM and Official Disability Guidelines do not address Voltage-actuated sensory nerve threshold testing. Per Randall Cork, et.al, (2002), "Voltage-actuated sensory nerve conduction threshold (V-sNCT) is a quantitative test of sensory

function. This study compares the sensitivity, specificity, and predictive value of VsNCT compared to physical examination for the presence of nerve-root adhesions visible on epidurograms." The clinical documentation submitted for review failed to indicate the necessity for the requested test. Additionally, it failed to provide the patient had neurologic and sensation deficits to support the testing. Given the above, the request for a voltage actuated sensory nerve threshold, quantity 1 is not medically necessary.