

Case Number:	CM13-0031051		
Date Assigned:	12/04/2013	Date of Injury:	01/13/2011
Decision Date:	10/15/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine 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:

The patient is a 39-year-old female who has submitted a claim for disc disorder OT/unspecified thoracic associated with an industrial injury date of 01/13/2011. Medical records from 03/28/2013 to 09/06/2013 were reviewed and showed that patient complained of mid-back pain graded 8/10. Physical examination revealed no tenderness, myospasm over T5-T9/10, and intact neurologic evaluation. MRI of the thoracic spine dated 03/28/2013 revealed T9-9 disc protrusion with spinal canal narrowing. Voltage actuated sensory nerve conduction study for thoracic region dated 08/08/2013 showed right T4 nerve irritation. Of note, there was no diagnosis of psychiatric condition. Treatment to date has included physical therapy, ESWT, manipulating therapy, acupuncture, and pain medications. Of note, there was no objective documentation of outcome from aforementioned treatments. Utilization review dated 09/24/2013 denied the request for Voltage Acuted Sensory Nerve Conduction and Pain Management Referral because the necessity cannot be established based on the clinical information submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage acuted sensory nerve conduction study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Current Perception, Threshold Testing Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Quantitative Sensory Testing Methods

Decision rationale: CA MTUS does not specifically address current perception threshold (CPT) testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines state that CPT testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. Aetna Clinical Policy Bulletin: Quantitative Sensory Testing Methods considers voltage-actuated sensory nerve conduction threshold (VsNCT) testing experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. In this case, the patient complained of mid-back pain that prompted request for voltage actuated sensory nerve conduction study; however, the guidelines do not recommend VsNCT as its clinical value has not been established. Of note, Voltage actuated sensory nerve conduction study for the region was done on 08/08/2013 with results of right T4 nerve irritation. It is unclear as to why a repeat VsNCT is needed. Therefore, the request for voltage acute sensory nerve conduction for the thoracic back is not medically necessary.

Pain management referral for thoracic back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter 7, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of mid-back pain. However, there was no objective documentation of functional outcome from previous treatments to determine whether plan of care from additional consultants was needed. Moreover, there was no diagnosis of a psychiatric disorder. The aforementioned circumstances for specialist referral were not present in the case. Therefore, the request for pain management referral for thoracic back pain is not medically necessary.

