

<b>Case Number:</b>	CM13-0059632		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 32-year-old male who reported an injury on 07/18/2013. The mechanism of injury occurred when carrying a 90 pound ladder when he turned and felt a sharp, stabbing pain to the lower back. His symptoms included pain rated at 4/10, increased to 6/10 with certain positions. Physical examination revealed an erect posture with a normal gait. The injured worker was noted to move about without any difficulty. Past medical treatment included physical therapy, back brace, and medications. Diagnostic studies include unofficial x-ray of the lumbar spine on 09/21/2013. The Request for Authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

### 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 (VSNCT) LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Quantitative Sensory Testing Methods

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** According to the California ACOEM Guidelines, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve the injured worker's symptoms, provided red flag conditions are ruled out. In the absence of red flags, there are a few exceptions to the rule, which include an electromyography study and cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. A nerve conduction study and possibly EMG would be indicated if severe nerve entrapment is suspected on the basis of physical examination and there is a failure to respond to conservative treatment. The Official Disability Guidelines further state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The most recent clinical note provided indicated the injured worker reported mild to moderate relief to the low back with the completed physical therapy sessions; however, the documentation failed to provide evidence of objective functional deficits or red flags to warrant special studies. Additionally, as the guidelines state nerve conduction studies are not recommended for the lumbar spine, the request is not supported. Given the above, the request for VOLTAGE ACTUATED SENSORY NERVE CONDUCTION THRESHOLD (VSNCT) LUMBAR SPINE is non-certified.