

Case Number:	CM13-0065224		
Date Assigned:	02/12/2014	Date of Injury:	05/15/2012
Decision Date:	08/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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, has a subspecialty in Pain Management 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 female patient with a date of injury of May 15, 2012. A utilization review determination dated November 14, 2013 recommends non-certification of a voltage actuated sensory nerve conduction of the cervical spine. A progress note dated October 24, 2013 identifies subjective complaints of mild improvement of cervical and lumbar pain with chiropractic care, report that medications are helpful but codeine causes G.I. upset, and topoprophan helps with sleep disturbance. Physical examination identifies an antalgic gait and stiffness with movement. Diagnoses include cervical radiculopathy of bilateral upper extremity, wrist/hand rule out carpal tunnel syndrome, low back pain with radiculopathy of bilateral lower extremities, bilateral ankle sprain/strain, bilateral feet sprain/strain, sleep disturbance, depression, and G.I. upset. The treatment plan recommends physical therapy three times a week for four weeks, acupuncture once a week for six weeks pending authorization of a lumbar spine MRI, pending authorization for bilateral upper extremity and bilateral lower extremity EMG/NCV, pending authorization for internal medicine evaluation for anxiety treatment, pending authorization for psych consult, pending authorization for podiatry consult, refills for Prilosec 20 mg, loading 400 mg, topoprophan, and keto-cap-ultram cream.

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 OF THE CERVICAL SPINE 95904: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 (CPT) testing.

Decision rationale: Regarding the request for voltage actuated sensory nerve conduction of the cervical spine; California MTUS does not address the issue. ODG cites that this type of testing is not recommended since it is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. In light of the above issues, the currently requested voltage actuated sensory nerve conduction of the cervical spine is not medically necessary.