

Case Number:	CM13-0067456		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2013
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 50 year-old male sustained a low back injury while cutting metal on 2/5/13 while employed by [REDACTED]. Request under consideration include Voltage Actuated Sensory Nerve Conduction. Report of 11/9/13 from the provider noted the patient with low back pain rated at 9/10 and right leg sciatica. Exam was hand-written and illegible. Diagnoses included thoracic spine strain/sprain and lumbar strain/sprain rule out radiculopathy. Report of 9/13/13 showed patient with moderate low back pain radiating into bilateral gluteal regions with difficulties performing activities of prolonged sitting, standing, and repetitive bending. Exam showed focal tenderness bilaterally over L4-5 and L5-S1 posterior spinal processes and paravertebral muscles; Straight leg raise was negative; and no focal neurological deficits identified. MRI of the lumbar spine dated 4/3/13 showed mild L5 compression fracture and disc protrusion at L5-S1 with moderate bilateral foraminal stenosis. Conservative care has included medications, physical therapy, lumbar epidural steroid injection at L5-S1 recently done on 11/4/13, and modification of activity. Request above for sensory nerve conduction was non-certified on 12/3/13 citing guidelines criteria and lack of medical necessity.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, QUANTITATIVE SENSORY THRESHOLD (QST) TESTING, PAGE 830.

Decision rationale: ACOEM and MTUS are silent on the above diagnostic testing; however, ODG states Quantitative Sensory Testing (QST) which includes voltage-actuated sensory nerve conduction threshold (V-sNCT) testing is considered experimental, investigational, unproven, and not medically necessary. QST has been used to assist in the diagnoses of diabetic neuropathy as well as CTS and other nerve entrapment and compression disorders. The clinical significance of QST has not been demonstrated in clinical trials or quality published studies to allow for support of this experimental testing as there is potential for bias if the patient is cognitively impaired or desires an abnormal test; the test lack objectivity enhanced by the hours to complete the test; the patient's reaction time to stimulus may distort the actual sensory threshold; and due to the variations in testing devices, reproducibility of testing results are made difficult from lack of testing procedure standardization. Regarding this patient, submitted reports have not demonstrated specific clear support in clinical findings to support for this investigational procedure outside the guidelines criteria. The Voltage Actuated Sensory Nerve Conduction is not medically necessary and appropriate.