

Case Number:	CM13-0071149		
Date Assigned:	01/08/2014	Date of Injury:	11/06/2012
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology 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:

The patient is an employee of [REDACTED] and has submitted a claim for left neck pain, low back pain with clinic lumbar radiculopathy, stress, anxiety, and depression associated with an industrial injury date of November 6, 2012. Treatment to date has included left L5-S1 medial branch block, acupuncture, chiropractic care, physical therapy, massage therapy, and medications such as tramadol, Zanaflex, and anti-inflammatories. Medical records from 2013 were reviewed showing that patient complained of intermittent, aching and dull pain at the left side of the neck graded 6 to 7/10. He likewise complained of sharp pain in the low back graded as 7/10. Pain was aggravated by prolonged sitting and lifting heavy objects. He reported symptoms of stress depression, and anxiety. Physical examination showed tenderness over the cervical spine on the left, upper trapezius, and left paralumbar muscles at the level of L5 and S1. Range of motion of the cervical spine and lumbar spine was restricted on all planes. Motor testing was 5/5 at all extremities. Straight leg raise was positive to 50 degrees on the left to the calf in the sitting and supine positions. Deep tendon reflexes were equal and symmetric. Sensation was intact. Gait was normal. Utilization review from December 9, 2013 denied the request for VsNCT to the lumbar spine due to lack of documented indication for this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

VsNCT TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Quantitative Sensory Testing Methods.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna Clinical Policy Bulletin: Quantitative Sensory Testing Methods was used instead. Aetna 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, there is no discussion concerning the need for variance from guidelines. There is no extenuating circumstance that excludes this particular patient. Therefore, the request for VsNCT to the Lumbar Spine is not medically necessary.