

Case Number:	CM14-0009954		
Date Assigned:	02/21/2014	Date of Injury:	08/23/2001
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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:

According to the records made available for review, this is a 61-year-old female with an 8/23/01 date of injury. At the time (12/6/13) of the request for authorization for voltage actuated sensory nerve conduction, there is documentation of subjective (neck pain radiating to bilateral arms and down arms with weakness, worse at night, and lumbar spine worse at night, non-radiating) and objective (positive paraspinal tenderness to palpation and spasms, positive scalenes/upper traps tenderness to palpation) findings, current diagnoses (cervical spine strain/sprain, lumbar spine strain/sprain, and thoracic spin sprain/strain), and treatment to date (medications).

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: 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 Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Current Perception Threshold (CPT) Testing

Decision rationale: MTUS does not address the issue. ODG identifies that current perception threshold (CPT) testing is not recommended; and that 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. Therefore, based on guidelines and a review of the evidence, the request for voltage actuated sensory nerve conduction is not medically necessary.