

Case Number:	CM14-0112905		
Date Assigned:	08/01/2014	Date of Injury:	08/08/2012
Decision Date:	11/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine 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 patient with a date of injury of August 22, 2012. A utilization review determination recommends non-certification of voltage actuated sensory nerve conduction. A medical necessity letter is provided for voltage actuated sensory nerve conduction which does not appear to include any information about the patient. An MRI of the patient's cervical spine dated April 13, 2013 shows multiple disk herniations with spinal canal narrowing. An MRI of the patient's right shoulder dated April 16, 2013 shows acromioclavicular separation and a prior rotator cuff repair. A progress report dated June 4, 2014 identifies subjective complaints of pain in the cervical spine which is constant and worse with activity. The patient also has right shoulder pain with associated clicking and popping. Objective examination findings identify (illegible) and tenderness to palpation around the cervical spine. Diagnoses include (illegible) rule out radiculopathy and right shoulder sprain/strain. The treatment plan recommends chiropractic care, cervical and right shoulder MRI, acupuncture, EMG/nerve conduction velocity, DNA testing, VSNCT, toxicology testing, interferential unit, and multiple compound medications. A report dated May 8, 2014 indicates that the patient has pain radiating into the right hand with tingling in the right hand. The note states that the current diagnosis is cervical radiculopathy at C7 and C8.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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, Current perception threshold (CPT) testing

Decision rationale: Regarding the requested voltage actuated sensory nerve conduction testing; MTUS is silent on the issue. ODG states it is not recommended. 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. As such, the currently requested voltage actuated sensory nerve conduction testing is not medically necessary.