

Case Number:	CM14-0154203		
Date Assigned:	09/24/2014	Date of Injury:	06/20/2014
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Interventional Spine 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 a 46 year old male with an injury date of 06/20/14. Based on the 07/29/14 progress report provided by [REDACTED], the patient complains of low back and right shoulder pain. Physical examination to the lumbar spine reveals tenderness to palpation of the paravertebral muscles and spasm over the quadratus lumborum. Range of motion is decreased, especially on extension 5 degrees. Straight leg raise is negative bilaterally and reflexes are normal. Physical examination to the right shoulder reveals tenderness to palpation along the acromioclavicular joint and supraspinatus deltoid complex. Impingement and drop tests are positive on the right. Diagnosis 07/29/14- lumbar spine sprain/strain- right shoulder sprain/strain, rule out internal derangement [REDACTED] is requesting Outpatient Voltage-Actuated Sensory Nerve Conduction Threshold. The utilization review determination being challenged is dated 08/26/14. The rationale is " low back chapter of ODG states current perception threshold (CPT) testing: "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." [REDACTED] is the requesting provider, and he provided treatment report dated 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Voltage-Actuated Sensory Nerve Conduction Threshold: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Treatment Index, 12 Edition 2014, Low Back Quantitative Sensory Threshold Testing and Current Perception Threshold Testing; Neck & Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter

Decision rationale: The patient presents with low back and right shoulder pain. The request is for Outpatient Voltage-Actuated Sensory Nerve Conduction Threshold. Diagnosis dated 07/29/14 includes lumbar spine sprain/strain and right shoulder sprain/strain, rule out internal derangement. Treat has not specified reason for requesting procedure. MTUS is silent regarding request for Current Perception Test. However, Neck Chapter of ODG states "current perception threshold (CPT) testing: 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. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) has both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing" and Back Chapter of ODG states "current perception threshold (CPT) testing: Not recommended." The request is not recommended for either the back or the neck per ODG. The request is not medically necessary.