MAXIMUS Federal Services

Case Number:	CM14-0180642		
Date Assigned:	11/05/2014	Date of Injury:	07/25/2014
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 39 years old male with an injury date on 07/25/2014. Based on the 09/18/2014 initial comprehensive report provided by [redacted], the diagnoses are:1. Cervicothoracic strain, rule out bilateral C6-7 radiculopathy with X-ray finding of 1) straightening of the cervical lordosis. This may reflect an element of myospasm.2) Right sided C3-4 uncovertebral joint degenerative changes.2. Lumbar spine sprain with bilateral sciatica, rule out left L5 radiculopathy with X-ray finding of left lateral list of the lumbar spine. This may be positional or reflect lumbar instability. Degenerative left lateral superior endplate osteophytes at L1 and L23. Bilateral shoulder pain with X-ray finding of degenerative enthesophyte of the inferior margin of the acromion, bilaterally.4. No pathology of the knees and ankles.According to this report, the patient complains of "moderate right equal to left neck pain. The pain radiates into the thoracic spine, shoulder blades, bilateral arms and forearms." Pain is increase with turning the head from side to side or at night flexing and extending the head and neck, reaching, lifting, and prolonged standing. Patient rates the pain at a 6/10.Physical exam reveals tenderness at the cervical paravertebral muscles bilaterally, lumbar spinous processes and bilateral sacroiliac joints. Cervical compression test and Spurling's test are positive. Decreased sensation in the bilateral thumbs, bilateral thenar eminence, and dorsomedial aspect of the bilateral lower extremitiies are noted. There were no other significant findings noted on this report. The utilization review denied the request on 10/16/201. [redacted] is the requesting provider, and he provided treatment reports from 07/25/2014 to 09/18/2014.

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 (VsNCT) for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Current Perception Threshold Testing

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 under Current perception threshold (CPT) testing

Decision rationale: According to the 09/18/2014report by [redacted] this patient presents with moderate right equal to left neck pain. The pain radiates into the thoracic spine, shoulder blades, bilateral arms and forearms. "The treating physician is requesting Voltage actuated sensory nerve conduction threshold (VsNCT) for the cervical and lumbar spine but the treating physician's report and request for authorization containing the request is not included in the file. The MTUS and ACOEM Guidelines do not address Current perception threshold (CPT) testing; however, ODG Guidelines states "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) have 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." Recommendation is not medically necessary.