

Case Number:	CM14-0033029		
Date Assigned:	05/05/2014	Date of Injury:	06/25/2011
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The injured worker is a 58-year-old male who reported an injury on 06/25/2011, due to a repetitive stress injury. The MRI of the cervical spine dated 10/22/2012, revealed degeneration of C6-7 with impingement on the exiting C7 nerve bilaterally. There were complaints of post right shoulder surgery pain and bilateral neck pain. Upon exam there was tenderness and spasms to the right trapezius, right AC joint, 50% decrease of the cervical spine range of motion, positive Spurling's test, decreased grip strength in the right upper extremity, inability to grip fully, and tenderness to the right upper epicondyle. The injured worker was diagnosed with rule out hernia-inguinal LT, gastrointestinal upset, cervical spine discopathy with stenosis, internal derangement of the shoulder, and intervertebral disc disorder of the cervical, lumbar discopathy with stenosis, radiculopathy to the lumbar, and tendonitis to the right shoulder. The provider's treatment plan included recommendations for chiropractic treatment, continued physical therapy for the right shoulder, requesting authorization for an EMG/NCV of the bilateral upper extremities, internal medicine consult authorization, a trial of Neurontin 300 mg, and a voltage actuated sensory nerve conduction threshold to the cervical and lumbar spine. The Request for Authorization Form for voltage -actuated sensory nerve conduction threshold to cervical and lumbar spine and the provider's rationale for the request were not included within the medical documents for review.

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 TO CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gora Pavlakovic, Frank Petzke, December 2010. The Role of Quantitative Sensory Testing in the Evaluation of Musculoskeletal Pain Conditions. Current Rheumatology Reports, Volume 12, Issue 6, pp 455-461.

Decision rationale: The request for voltage actuated sensory nerve conduction threshold to the cervical and lumbar spine is non-certified. In a study authored by Pavlakovic and Petzke it was noted, "Quantitative sensory testing (QST) is a noninvasive method of assessing sensory and pain perception and has been used in the past 30 years primarily for analysis of cutaneous and mucosal perception. At present, QST remains primarily a research tool but may be useful in differential diagnosis in indicating the presence of central sensitization and for clinical monitoring of disease progression or treatment response. There was a lack of documentation of significant objective examination findings to support possible pathology that would warrant a voltage actuated sensory nerve conduction threshold to the cervical and lumbar spine. The provider's rationale for this request was not provided. As such, the request is non-certified.