

Case Number:	CM14-0059649		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2013
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 woman with a date of injury of July 5, 2013. She complained of dull, stabbing ankle pain, numbness in both ankles and distal foot pain, as well as occasionally severe, achy, sharp, throbbing, stiff ankle pain with tingling and weakness. She also complained of severe, achy, sharp, stabbing, throbbing pain in her low back with stiffness and numbness and paresthesia in her mid-gluteal area and complained of severe, achy, sharp, stabbing and tingling neck pain. On April 1, 2014, she had an epidural steroid injection and an epidural spinal decompression neuroplasty of the lumbar nerve roots bilaterally at L4, L5 and S1. The injured worker says she gets relief with creams, medications, therapy, platelet-rich plasma, and acupuncture. Her diagnoses include ankle sprain, cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar radiculopathy and lumbar sprain/strain. A request was made for voltage actuated sensory nerve conduction studies, chiropractic, and acupuncture treatment.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back chaptercurrent perception threshold (CPT) 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 and Upper Back, Current Perception Threshold (CPT) testing and Low Back, Nerve Conduction Studies (NCS).

Decision rationale: Voltage-actuated sensory nerve conduction threshold (V-sNCT) is a quantitative test of sensory function that is considered investigative/experimental. Quantitative sensory testing (QST) is a technique used to measure the amount of stimuli necessary to produce the perception of specific sensations (such as touch-pressure, vibration, coolness, warmth, and pain) in persons with a neurological deficit. Sensory nerve conduction threshold (sNCT), also called current perception threshold (CPT), is a type of QST that uses electrical stimulation (rather than touch) to elicit a sensory response. Voltage-actuated sensory nerve conduction threshold (V-sNCT) is another type of QST which measures the voltage amplitude necessary to cause a nerve impulse. Per the Official Disability Guidelines (ODG), current perception threshold (CPT) testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of injured workers 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. The Centers for Medicare and Medicaid Services (CMS) conducted an independent review of 342+ published studies and reconfirmed their 2002 findings that there still exist conflicting data reports, lack of standards, and insufficient trials to validate the efficacy of any type of sensory nerve conduction thresholds (s-NCT) device. Based on the evidence as a whole, the Center for Medicare and Medicaid Services (CMS) concludes that the use of any type of Sensory nerve conduction threshold (s-NCT) device [e.g., current output type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or voltage input type device used for v-NCT testing] to diagnose sensory neuropathies or radiculopathies in Medicare beneficiaries is not medically necessary.

Chiropractic treatment ; twelve (12) visits (2x6): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation and Pain Chapter, Manual therapy and Manipulation.

Decision rationale: Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and manipulation is specifically recommended as an option in the Low Back Chapter and the Neck Chapter. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive

activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Therefore, the requested chiropractic treatments are considered medically necessary for the patient in the neck and back. Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and manipulation is specifically recommended as an option in the Low Back Chapter and the Neck Chapter.

Acupuncture treatment; twelve (12) visits (2x6): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Topics: Acupuncture Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture and Low Back, Acupuncture.

Decision rationale: Acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. Acupuncture is not recommended for acute low back pain but is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. The Official Disability Guidelines (ODG) Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). Acupuncture is recommended as an option for some conditions using a short course in conjunction with other interventions. No particular acupuncture procedure has been found to be more effective than another, and the mode of action is not completely understood. According to the Official Disability Guidelines (ODG) for Acupuncture, Initial trial of 3-4 visits over 2 weeks with evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). Therefore, the requested service can be considered medically necessary for the patient for chronic pain and chronic lower back pain. While acupuncture is not recommended for neck pain, it is recommended as an option for both chronic pain and chronic low back pain.