

Case Number:	CM14-0061778		
Date Assigned:	07/09/2014	Date of Injury:	11/28/2010
Decision Date:	08/13/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 66-year-old female with a date of injury of 11/28/2010. The listed diagnoses per [REDACTED] are: 1. Chronic cervical spine sprain and disk bulge. 2. Thoracic spine sprain and contusion. 3. Status post left shoulder arthroscopy on 03/14/2013. 4. Lumbar spine sprain and left L5 radiculopathy. 5. Central canal stenosis, anterior thecal sac pressure, and bilateral ligamentum flavum thickening at L5-S1 per MRI 06/21/2010. 6. Left knee strain. 7. Obstructive sleep apnea syndrome. 8. Stress, depression, anxiety, and sexual dysfunction. According to progress report 03/03/2014 by [REDACTED], the patient presents with cervical spine, lumbar spine, and left shoulder pain. The patient reported issues with activities of daily living (ADL) s due to pain. No examination was documented. There is no request for authorization or discussion regarding the requested voltage-actuated sensory nerve testing for the neck and low back. Utilization review denied the request on 04/02/2014. The medical file indicates there is an MRI from 02/21/2014 which revealed a 2-mm disk protrusion at L4-L5 in the midline. No nerve root compromise was seen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar voltage actuated sensory nerve conduction threshold: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Medical Treatment Guideline; Voltage-actuated sensory nerve conduction test: AETNA guidelines (http://www.aetna.com/cpb/medical/data/300_399/0357.html) Clinical Policy Bulletin: Quantitative Sensory Testing Methods Number: 0357 (Replaces clinical policy bulletin 385).

Decision rationale: This patient presents with multifocal aches and pains of the neck, upper back, and shoulder. The provider is requesting a lumbar voltage-actuated sensory nerve conduction threshold. Utilization review denied the request stating these conduction studies do not provide diagnostic information that cannot be obtained via a direct physical examination or with the performance of standard conduction studies. The ACOEM, MTUS, and Official Disability Guidelines do not specifically discuss lumbar voltage- actuated sensory nerve conduction threshold studies. However, Aetna considers voltage-actuated sensory nerve conduction studies to be experimental. Therefore, the request for lumbar voltage actuated sensory nerve conduction threshold not medically necessary.