

Case Number:	CM14-0079847		
Date Assigned:	08/13/2014	Date of Injury:	03/08/2014
Decision Date:	10/06/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 & 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:

According to the records made available for review, this is a 37-year-old female with a 3/6/14 date of injury. At the time (4/23/14) of request for authorization for Voltage-actuated sensory nerve conduction threshold (VSNCT) - cervical spine, there is documentation of subjective (upper back pain radiating to the neck, right shoulder pain radiating to the right arm with numbness and tingling, and bilateral wrist pain with numbness and tingling in the fingers) and objective (tenderness to palpation over the cervical spine with decreased range of motion; tenderness to palpation over the acromioclavicular joint on the right, positive impingement test of the right shoulder, and decreased bilateral shoulder range of motion; tenderness to palpation along the radial aspect of the wrists with decreased range of motion bilaterally; and decreased thoracic range of motion) findings, current diagnoses (right cervical radiculopathy, thoracic myofascial pain syndrome, bilateral wrist strain, and bilateral DeQuervain's tendonitis), and treatment to date (medication and physical therapy).

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) - cervical 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 Chapter, Sensory nerve conduction threshold, See current perception threshold testing (CPT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Current perception threshold (CPT) testing

Decision rationale: MTUS does not address the issue. ODG identifies that current perception threshold (CPT) testing is not recommended; and that 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. In addition, ODG identifies that "voltage input" type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. Therefore, based on guidelines and a review of the evidence, the request for Voltage-actuated sensory nerve conduction threshold (VSNCT) - cervical spine is not medically necessary.