

Case Number:	CM14-0082394		
Date Assigned:	07/18/2014	Date of Injury:	02/24/2014
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 51-year-old female who was injured on 2/24/14 after falling. She was diagnosed with cervical and lumbar spine pain with spasm and radiculitis, left shoulder myofascial pain syndrome, bilateral knee contusion, carpal tunnel syndrome, lumbar spine radiculitis, concussion with loss of consciousness, and blunt head trauma. She was treated with oral and topical medications and physical therapy. She was able to return to work with modified duty a few days after her injury; however, she continued to suffer from pain. On 4/16/14, she complained of intermittent moderate headaches with dizziness. She also reported a constant neck pain, which radiates into shoulders, left arm, left hand, and left fingers. She also reported tingling in her left hand and fingers. She also reported shoulder pain (bilateral), constant lumbar pain, and occasional bilateral knee pain. Upon physical examination, there was a negative Spurling's test and no tenderness of the cervical and upper back areas, and normal neurological examination in the cervical area. The low back and lower extremity examination was essentially normal with no tenderness or neurological abnormalities found. On 5/16/14, the worker's treating physician requested she have VSNCT testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT cervical/lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS is silent in regards to VsNCT or voltage-nerve conduction threshold testing for the diagnosis of sensory neuropathies or radiculopathies. The ODG does not recommend using this type of testing, as there are no clinical studies demonstrating its use improves the clinical outcomes of patients over standard methods of sensory testing. This method of testing is currently no reasonable or necessary. In the case of this worker, a VsNCT test was recommended, but it is not medically necessary, when measured against current evidence.