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| <b>Case Number:</b>   | CM14-0124735 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 09/30/2008 |
| <b>Decision Date:</b> | 07/03/2015   | <b>UR Denial Date:</b>       | 07/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on 9/30/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, cervical and lumbar disc herniation with upper and lower radiculopathy, and shoulder sprain/strain. Treatments to date include medication management, TENS unit, and physical therapy and chiropractic therapy. Currently, she complained of persistent numbness and tingling in upper and lower extremities for more than four weeks. She slow complained of ongoing and constant pain to the right wrist, neck, low back. On 6/23/14, the physical examination documented difficulty with rising from sitting and a ginger, stiff, protective gait. There was lumbar tenderness and positive straight leg raise bilaterally. The cervical spine revealed a positive compression test. The plan of care included NSNCT (Voltage Actuated Sensory Nerve Conduction Threshold) tests for Cervical Spine and Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NSNCT/voltage actuated sensory nerve conduction threshold for cervical & lumbar spine:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178/. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back, Low Back Lumbar & Thoracic- Current 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): Current perception threshold (CPT) testing.

**Decision rationale:** The request is considered not medically necessary. As per ODG guidelines, NSNCT is not recommended because it does not improve clinical outcomes. There is insufficient evidence to support its use. "There still exist conflicting data reports, lack of standards, and insufficient trials to validate the efficacy of any type of s-NCT device." Therefore, the request is considered not medically necessary.