

<b>Case Number:</b>	CM14-0193568		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Ohio. 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 41-year-old male who injured his low back while lifting a generator on December 9, 2013. There is report of an MRI scan that revealed an insignificant bulge at L4-L5 and ligamentous flavum hypertrophy at L5-S1. The injured worker has been treated with physical therapy, oral and topical medications and chiropractic care. He evidently had an epidural steroid injection to the L4-L5 region in March 2014. On September 17, 2014 he had been complaining of mid and low back pain and right elbow pain. There was tenderness to palpation of the lateral epicondyle of the right elbow and tenderness to palpation of the thoracic and lumbar paraspinal musculature. There was diminished range of motion of the thoracic and lumbar spine. Straight leg raise testing was negative and the neurologic status of the lower extremities was intact. He was given the diagnosis of thoracic sprain/strain, lumbar sprain/strain, and right tennis elbow. Oral anti-inflammatory medication was ordered as was an interferential unit and a right tennis elbow brace. At issue is a request for a voltage activated sensory nerve conduction threshold test.

### 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:** 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 Citation Official Disability Guidelines (ODG), Neck and Upper Back, Current perception threshold (CPT) testing.

**Decision rationale:** These tests provide a psychophysical assessment of both central and peripheral nerve functions by measuring the detection threshold of accurately calibrated sensory stimuli, and they are intended to evaluate and quantify function in both large and small caliber fibers for the purpose of detecting neurologic disease. This is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials. CMS concludes that the use of any type of sNCT device, including "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 voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. The Official Disability Guidelines likewise do not recommend this kind of testing. Therefore, a voltage actuated sensory nerve conduction threshold test is not medically necessary.