

Case Number:	CM14-0196573		
Date Assigned:	12/04/2014	Date of Injury:	07/05/2014
Decision Date:	01/23/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/24/2014

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, 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 59-year-old male with a date of injury of 07/05/2014. According to progress report dated 10/15/2014, the patient complains of low back pain that radiates into the left lower extremity to the feet. The patient reports an increase in low back pain with bending, walking, and getting up. The pain is rated as 9/10 on a pain scale. The patient reports that chiropractic sessions increased his low back pain and he wishes to cancel remaining sessions. He would like to try PT and acupuncture instead. Examination finding revealed increase in pain and decrease in range of motion. The patient was reported to have antalgic gait and erect posture. There was stiffness noted. The listed diagnoses are: 1. Lumbosacral sprain with bilateral sciatica, rule out Left radiculopathy. 2. Status post HWR six months with L/S fusion by [REDACTED]. Current request is for voltage-actuated sensory nerve conduction. The utilization review denied the request on 10/20/2014. Treatment reports from 07/30/2014 through 10/15/2014 were provided for review.

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) low back chapter, Current Perception threshold (CPT)

Decision rationale: This patient presents with chronic low back pain. The current request is for voltage-actuated sensory nerve conduction. The utilization review denied the request stating that, "This testing is not medically necessary; as his evaluation does not provide any additional diagnostic evaluation over a basic neurological examination or NCS." Voltage actuated sensory nerve conduction is a type of quantitative perception sensory testing, or Current Perception Threshold testing which is not supported by ODG guidelines. ODG guidelines under the low back chapter states that Current Perception threshold (CPT) testing is "not recommended." This request is not medically necessary.