

Case Number:	CM14-0197829		
Date Assigned:	12/08/2014	Date of Injury:	05/08/2013
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice, has a subspecialty in Occupational Medicine/Pain Management/ Osteopathic Manipulation/Chiropractic Manipulation 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 medical records, the patient is a 27 year old male driver/laborer who sustained an industrial injury on 5/18/13. The patient is diagnosed with lumbar spine sprain strain, L4-L5 disc bulge, sleep disturbance, anxiety disorder with mixed anxiety and depressed mood. Treatment to date has consisted of medications, physical therapy, and injections. The patient was seen on August 8, 2014 at which time he complained of low back pain rated 5 to 6/10. Examination revealed antalgic gait, lumbar tenderness, 5/5 strength and negative straight leg raise. Request was submitted for one voltage-actuated sensory nerve conduction threshold to the lumbar spine. Utilization Review was performed on October 23, 2014 at which time the request was noncertified as it was not recommended by ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Voltage-Actuated Sensory Nerve Conduction threshold to the Lumbar 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 and Upper Back (Acute & Chronic).

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: The MTUS Guidelines do not address one voltage-actuated sensory nerve conduction threshold. Per ODG, current perception threshold (CPT) testing is not recommended. References state that voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. Therefore, the request for One Voltage-Actuated Sensory Nerve Conduction threshold to the Lumbar Spine is not medically necessary.