

<b>Case Number:</b>	CM14-0200982		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, 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 41 year old female with a date of injury of 9/1/14. According to treatment report dated 10/7/14, the patient presents with persistent low back pain with radiating pain to the lower extremities, especially to the feet with intermittent numbness and tingling sensation. Examination of the lumbar spine revealed normal lordosis and no evidence of scoliosis or increased thoracic kyphosis. There is tenderness to palpation about the bilateral lumbar paravertebral muscles to the L5-S1 lever. There is no paravertebral muscle guarding or muscle spasm. Range of motion was decreased on all planes. Sensation to pinprick and light touch is normal bilaterally. Straight leg raise is negative to 60 bilaterally. X-ray of the lumbar spine dated 10/7/14 revealed "tiny degenerative anterior superior endplate osteophyte is seen at L5." The listed diagnosis is: 1.) Lumbar spine strain with right greater than left radiculitis with X-ray finding of degenerative anterior superior endplate osteophyte at L5. Treatment plan is for voltage-actuated sensory nerve conduction threshold lumbar spine. The Utilization Review letter non-certified the request on 11/19/14. Treatment reports 10/7/14, 11/14/14 and 11/18/14 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 (VSNCT) 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, The American

Academy of Neurology (AAN), American Association of Electrodiagnostic Medicine (AAEM), and The Centers for Medicare and Medicaid Services (CMS)

**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 - Lumbar & Thoracic, Current perception threshold (CPT) testing

**Decision rationale:** This patient presents with persistent low back pain with radiating pain to the lower extremities, especially to the feet with intermittent numbness and tingling sensation. The current request is for Voltage-actuated sensory nerve conduction threshold lumbar spine. 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." The requested Voltage-actuated sensory nerve conduction threshold test is not medically necessary.