

Case Number:	CM14-0202041		
Date Assigned:	12/12/2014	Date of Injury:	06/26/2014
Decision Date:	02/03/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This patient is a 54-year-old male with a date of injury of June 26, 2014. The medical file provided for review includes one progress report dated November 25, 2014. According to this report the patient states he slipped from a ladder at work and felt a sharp pain in his right groin. Under objective findings it was noted that the patient is status post right inguinal hernia repair on November 4, 2014. No further physical examination was documented. The listed diagnosis is right inguinal hernia. Utilization review provides a discussion regarding a progress report dated September 24, 2014. According to this report the patient complained of low back pain that radiates into the left hip with noted spasm. Examination revealed loss of range of motion, spasms and normal posture. There was significant decrease in lumbar lordosis and scoliosis noted. There was trigger points and tenderness noted of the upper and lower lumbar paraspinal and decreased sensation in the low back. This is a request for Voltage actuated sensory nerve conduction threshold to lumbar spine. Utilization review denied the request on October 30, 2014.

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) to Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve conduction studies (NCS).

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 Chapter, Current perception threshold (CPT) testing.

Decision rationale: This patient presents with low back pain and is status post right inguinal hernia repair on November 4, 2014. The current request is for voltage actuated sensory nerve conduction threshold (VSNCT) to 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.