

Case Number:	CM14-0206594		
Date Assigned:	12/18/2014	Date of Injury:	11/13/2012
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/13/12 while working as a Certified Nursing Assistant when she slipped and fell with injury to the left hip, knee, wrist, hand, and low back. Treatments included physical therapy and medications. She was seen on 05/28/14. She was having low back pain radiating into the left lower extremity with numbness. Pain was rated at 6-9/10. Physical examination findings included an antalgic gait with use of a cane. She was unable to perform range of motion of the lumbar spine. She had left sided lower lumbar facet tenderness and positive straight leg raising. There was decreased left lower extremity sensation. Imaging results were reviewed with an MRI of the lumbar spine in February 2013 including findings of multilevel left lateralized foraminal stenosis. Authorization for a lumbar epidural injection was requested. She was seen on 07/07/14. She was having intermittent radiating left wrist pain interfering with sleep, constant low back pain radiating into the left lower extremity, left-sided radiating hip pain, constant knee pain, and intermittent left heel pain.

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) for 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)

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 (Acute & Chronic), Current perception threshold (CPT) testing.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. Current perception threshold (CPT) testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. Therefore, this request is not medically necessary.