

<b>Case Number:</b>	CM14-0207014		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 40 year old patient with date of injury of 07/11/2014. Medical records indicate the patient is undergoing treatment for lumbosacral sprain, gastritis due to medications. Subjective complaints include constant mild to frequent severe pain in left lumbar spine, pain radiates to left buttock, occasional tingling in the lateral left thigh to left knee; occasional weakness. Objective findings include left shoulder slightly higher than the right, neck and head slightly tilted to right, tenderness to palpation about the left lumbar paravertebral muscles and left sacroiliac joints; patellofemoral pain in left and crepitation bilaterally on range of motion; lateral joint line tenderness on left, none on the right; McMurray is positive on left. X-ray of lumbar spine dated 07/17/2014 revealed early minimal degenerative changes of L4 and L5; otherwise, within normal limits. Treatment has consisted of chiropractic care, physical therapy, lumbar support, Anaprox, Prilosec, Flexeril and Tramadol. The utilization review determination was rendered on 11/13/2014 recommending non-certification of Voltage actuated sensory nerve conduction threshold (VSNCT), lumbar spine.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guideline or Medical Evidence: CMS.gov, Decision Memo for Electrodiagnostic Sensory Nerve Conduction Threshold (CAG-00106R)

**Decision rationale:** MTUS ACOEM Practice Guidelines states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." Official Disability Guidelines further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." CMS also specifically writes regarding sensory or voltage type nerve conduction testing, "Based on the evidence as a whole, CMS concludes that the use of any type of s-NCT device (e.g., "current output" type device used to perform CPT, PPT, or PTT testing or "voltage input" type device used for v-NCT testing) to diagnose sensory neuropathies or radiculopathies." The treating physician has not met the above ACOEM and Official Disability Guidelines criteria for a nerve conduction testing of the lumbar spine. Additionally, this special type of NCS is not recommended by Center for Medicare/Medicaid Services. As such, the request for voltage actuated sensory nerve conduction threshold (VSNCT), lumbar spine is not medically necessary.