

Case Number:	CM14-0060007		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2013
Decision Date:	03/27/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: TR, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 30 year old male who sustained an industrial injury on 03/19/13. He reports headache, dizziness, and pain in the neck. He reports improvement with chiropractic treatments. Treatments to date include medications and chiropractic treatments. Diagnoses include cerebral concussion, post-traumatic stress disorder, cervical spine stenosis, post trauma labyrinthine syndrome. In a progress noted dated 03/27/14 the treating provider recommends auditory and balance evaluation, and treatment with Voltaren. On 04/11/14 Utilization Review non-certified a voltage activated sensory nerve conduction threshold of the cervical spine, with no citation provided in the submitted documentation.

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, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, Current perception threshold (CPT) testing

Decision rationale: The MTUS does not include guidance on voltage activated sensory nerve conduction thresholds, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. According to the ODG, such modalities are not recommended. There are no clinical studies to demonstrate improved management and clinical outcomes. According to the ODG, the Centers for Medicare and Medicaid Services (CMS) concludes that the use of any type of similar device, including current output type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or voltage input type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. Given the lack of recommendation per the ODG, the request for a voltage activated sensory nerve conduction threshold device cannot be considered medically necessary.