

Case Number:	CM15-0002630		
Date Assigned:	01/13/2015	Date of Injury:	10/11/2014
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 10/11/2014. The diagnoses have included cerebral concussion with headaches, left jaw contusions, cervical spine sprain, and lumbar spine sprain. Treatments to date have included Transcutaneous Electrical Nerve Stimulation Unit, chiropractic therapy, and medications. Diagnostics to date have included MRI of cervical spine on 01/12/2006 showed spondylitic changes at C5-6 and C6-7 with a moderate central canal stenosis at the lower level and moderate encroachment of the neural foramen bilaterally. In a progress note dated 11/04/2014, the treating physician reported injured worker with elevated blood pressure not controlled by medications and injured worker reports aggravation of hypertension due to injury. Utilization Review determination on 12/12/2014 non-certified the request for VsNCT (voltage-actuated sensory nerve conduction threshold) for Cervical Spine and Lumbar Spine citing non-Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

VsNCT for Cervical and Lumbar Spine Rule Out Radiculitis: 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
http://www.aetna.com/cpb/medical/data/300_399/0357.html

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Quantitative Sensory Testing Methods, actuated sensory nerve conduction threshold testing to the cervical and lumbar spine is not medically necessary. The Clinical Policy Bulletin indicates voltage actuated sensory nerve conduction threshold (VsNCT) testing is experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. In this case, the injured worker's working diagnoses are cerebral contusion with headaches, memory and cognitive problems; left jaw contusion with left TMJ pain; cervical spine sprain/strain with DDD, Grade I posterolisthesis at C5-C6; lumbar spine sprain/strain with bilateral sciatica and DDD; PTSD; and prior C/S, L/S injuries from MVA 1980 & 1985. Subjectively, the injured worker had pain in the cervical spine, bilateral trapezius muscles, lumbar spine with right lower extremity radicular pain and occasional numbness and tingling. Objectively, the documentation indicated functional improvement since the last visit. Gait was normal without assistive devices and there was no neurologic evaluation. The Clinical Policy Bulletin indicates voltage actuated sensory nerve conduction threshold (VsNCT) testing is experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. Consequently, actuated sensory nerve conduction threshold testing to the cervical and lumbar spine is not medically necessary.