

Case Number:	CM15-0185225		
Date Assigned:	09/25/2015	Date of Injury:	06/13/2013
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 30-year-old woman sustained an industrial injury on 6-13-2013. Diagnoses include lumbar spine sprain-strain with disc protrusion and an annular tear, ad right lower extremity radiculopathy. Treatment has included oral medications. Physician notes dated 6-8-2015 show complaints of low back pain with radiation to the left lower extremity wit difficulty sleeping and stress. The physical examination shows positive straight leg raises, "decreased range of motion", and tenderness (unknown location). Recommendations include pain management consultation, Ultram, Flexeril, Ambien, and follow up in six weeks. A previous visit dated 1-5-2015 also documented "sensory deficit" without further details or recommendations in addition to those listed above. Utilization Review denied a request for retrospective somatosensory testing on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Somatosensory Testing (DOS: 04/27/2015, 06/08/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute (20th Annual Edition), 2015, Low Back Chapter, Evoked Potential Studies.

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, Current perception threshold (CPT) testing.

Decision rationale: The MTUS CPMTG is silent on somatosensory testing. Per the ODG guidelines regarding current perception threshold testing: 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. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing. The Centers for Medicare and Medicaid Services (CMS) conducted an independent review of 342+ published studies and reconfirmed their 2002 findings that there still exist conflicting data reports, lack of standards, and insufficient trials to validate the efficacy of any type of s-NCT device. (CMS, 2004) (Cigna, 2005) (Aetna, 2006) These tests provide a psychophysical assessment of both central and peripheral nerve functions by measuring the detection threshold of accurately calibrated sensory stimuli, and they are intended to evaluate and quantify function in both large and small caliber fibers for the purpose of detecting neurologic disease. This is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials. CMS concludes that the use of any type of sNCT 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. As the request is not recommended by the guidelines, it is not medically necessary.