

<b>Case Number:</b>	CM15-0023218		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 9/25/2004. He reports left shoulder and low back injury. Diagnoses include lumbar strain, lumbosacral subluxation, lumbar and shoulder enthesopathy, sciatica, upper extremity subluxation, left shoulder impingement, left wrist triquetral fracture and shoulder sprain/strain. Treatments to date include chiropractic care, physical therapy and medication management. A progress note from the treating provider dated 9/30/2014 and 1/12/2015 indicates the injured worker reported low back and left shoulder pain. On 1/17/2015, Utilization Review non-certified the request for a VSNCT (nerve conduction threshold study) of the lumbar spine, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VSNCT to 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) VSNCT ( Current perception threshold (CPT) testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Current Perception Threshold testing..

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for VSNCT. Guidelines state the following: Not recommended. According to the clinical documentation provided and current guidelines; VSNCT is not indicated as a medical necessity to the patient at this time.