

Case Number:	CM15-0085756		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2015
Decision Date:	07/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, California

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:

This is a 44-year-old female patient, who sustained an industrial/work injury on 1/8/15. The diagnoses include cervical sprain/strain, thoracic pain/myospasms, and lumbar sprain/strain, left and right lateral epicondylitis. Per the doctor's note dated 2/16/2015, she had right arm tingling and cramps, from both knees to the feet. She had intermittent moderate 7/10 sharp, throbbing, burning headache radiating to right or left arm with numbness, tingling, and weakness associated with cold weather. There was neck, back, right elbow, left elbow, left and right knee stiffness and heaviness. The physical examination revealed painful range of motion to cervical, tenderness to palpation of the thoracic/lumbar paravertebral muscles with spasm, painful range of motion to the left and right elbows and tenderness/ spasm to palpation to the left/right medial knee; decreased lumbar spine range of motion. The medications list includes aspirin. Treatment to date has included medication and diagnostics. The requested treatments include Voltage-Actuated Sensory Nerve Conduction Threshold Testing (VSNCT).

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 Testing (VSNCT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultation, page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Voltage actuated sensory nerve conduction (testing) Current perception threshold (CPT) testing.

Decision rationale: Voltage-Actuated Sensory Nerve Conduction Threshold Testing (VSNCT). Per the cited guidelines, Voltage actuated sensory nerve conduction (testing)/Current perception threshold (CPT) 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 Electro diagnostic 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 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." Therefore, there is no high-grade scientific evidence to support the VSNCT for this diagnosis. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity for Voltage-Actuated Sensory Nerve Conduction Threshold Testing (VSNCT) is not medically necessary for this patient at this time.