

Case Number:	CM14-0001848		
Date Assigned:	01/17/2014	Date of Injury:	10/30/2011
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year-old male who was injured on 10/30/11 from heavy lifting. He has been diagnosed with lumbar IVD syndrome; bilateral lumbar radiculitis; myofascial pain syndrome, stress, anxiety, insomnia. According to the only medical report provided for this IMR, dated 11/4/13 by [REDACTED], the patient presents with low back pain. The IMR application shows a dispute with the 12/3/13 UR decision. The 12/3/13 UR letter from ESIS recommends non-certification for voltage actuated sensory nerve conduction. The Utilization Review (UR) decision was based on a 10/30/13 medical report that was not provided for this Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) VOLTAGE ACUTED SENSORY NERVE CONDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Treatment for Workers' Compensation (TWC), Online Edition, Chapter Low Back Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Lumbar Chapter: Current perception threshold (CPT) testing.

Decision rationale: The patient presents with low back pain. The request is for V-sNCT or current perception threshold. ODG guidelines specifically state this is not recommended. ODG states: "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." The request for V-sNCT is not in accordance with ODG guidelines.