MAXIMUS Federal Services

Case Number:	CM14-0124267		
Date Assigned:	08/08/2014	Date of Injury:	03/23/2010
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 injured worker is a 56-year-old female who has submitted a claim for myofascial pain syndrome of shoulders, cervical spine sprain/strain with radiculopathy, bilateral wrist sprain/strain, and bilateral medial epicondylitis associated with an industrial injury date of 3/23/2010. Medical records from 2014 were reviewed. Patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Patient denied popping and clicking sensation of both shoulders. Patient likewise complained of pain at both elbows and both wrists associated with weakness. There was no physical examination of the cervical spine and upper extremities in the records submitted. Treatment to date has included cervical epidural steroid injections, chiropractic care, physical therapy, and medications such as Norco, Voltaren, and topical creams. Utilization review from 7/25/2014 denied the request for Voltage- Actuated Sensory Nerve Conduction Threshold, Cervical Spine because it was not guideline recommended.

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, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper (updated 5/30/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Current Perception, Threshold Testing X Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Quantitative Sensory Testing Methods

Decision rationale: The Official Disability Guidelines state that CPT testing is 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. Aetna Clinical Policy Bulletin: Quantitative Sensory Testing Methods considers voltage-actuated sensory nerve conduction threshold (VsNCT) testing experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. In this case, the patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Patient denied popping and clicking sensation of both shoulders. Patient likewise complained of pain at both elbows and both wrists associated with weakness. However, the guidelines do not recommend VsNCT as its clinical value has not been established. There is no discussion concerning need for variance from the guidelines. Moreover, there is no physical examination of the cervical spine and upper extremities in the records submitted. The medical necessity cannot be established due to insufficient information. Therefore, the request for Voltage- Actuated Sensory Nerve Conduction Threshold, Cervical Spine is not medically necessary.