

Case Number:	CM14-0161091		
Date Assigned:	10/06/2014	Date of Injury:	07/09/2012
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 25-year-old male who reported an injury on 07/09/2012. The mechanism of injury was not provided. On 08/27/2014, the injured worker presented with left wrist pain. The diagnoses were bilateral shoulder sprain/strain, lumbar spine sprain/strain, left wrist sprain/strain, and carpal tunnel syndrome. Physical exam findings were unremarkable. The provider recommended an outpatient voltage actuated sensory nerve conduction threshold. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Voltage-actuated sensory nerve conduction threshold (VSNCT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for an outpatient voltage actuated sensory nerve conduction threshold is not medically necessary. The California MTUS/ACOEM Guidelines state that a

nerve conduction threshold, including H reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm problems, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines further state that there is minimal justification for performing nerve conduction studies when there is an injured worker presumed to have symptoms on the basis of radiculopathy. EMG/NCV studies often have low sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly procedures. The provider's rationale for the request is not provided within the documentation. The included medical documents lack evidence of the injured worker's failure to respond to conservative treatment. There was a lack of objective physical examination findings of muscle weakness, decreased sensation, and other symptoms that would indicate nerve impingement. The guidelines do not recommend a nerve conduction study. As such, medical necessity has not been established.