

<b>Case Number:</b>	CM14-0178312		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 52-year-old female who was injured on June 24, 2014. The patient continued to experience left knee and lower back. Physical examination was notable for medial joint line tenderness of the left knee, moderate paraspinal tenderness of the lumbar spine, and decreased strength of the right ankle/foot. Diagnoses included lumbar sprain and left knee sprain. Treatment included medications, cold packs, and home exercise program. Request for authorization for voltage actuated sensory nerve conduction threshold was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VSNCT (voltage actuated sensory nerve conduction threshold):** 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), Low Back, Neck and Upper Back, Current Perception Threshold (CPT) Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Current perception testing (CPT), Lower back- lumbar and thoracic, Current perception testing (CPT)

**Decision rationale:** Sensory nerve conduction threshold current perception testing. 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 the purpose of detecting neurologic disease. This is different and distinct from assessment of nerve conduction velocity, amplitude and latency. The 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. 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 request is not medically necessary.