

Case Number:	CM13-0062904		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2012
Decision Date:	05/01/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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: California, North Carolina

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:

The 44 year old female injured worker suffered an industrial injury on 11/06/2012. The diagnoses were lumbar strain/sprain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 9/10/2013 and 10/21/2013 the treating provider reported complaints of pain in the cervical and lumbar spine. The treatment plan included VOLTAGE ACTUATED SENSORY NERVE CONDUCTION.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK & 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) Current perception threshold testing.

Decision rationale: California MTUS guidelines do not specifically address the use of current perception threshold testing (CPT). According to ODG, CPT is not recommended. Current perception threshold testing is considered experimental or investigational, as there is inadequate scientific literature to support any conclusions regarding the effects of this testing on health outcomes. Therefore, the request for Voltage Accentuated nerve conduction is not medically necessary.