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| <b>Case Number:</b>   | CM15-0033414 |                              |            |
| <b>Date Assigned:</b> | 02/26/2015   | <b>Date of Injury:</b>       | 07/08/2013 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 01/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/23/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male who sustained an industrial related injury on 9/4/13 while painting without a mask. The injured worker had complaints of irritation to his throat, chest pain, nuchal pain that radiated to the scapula, headaches, and bilateral blurred vision. The diagnosis was toxic effect other gases, cervical strain, bilateral shoulder strain, lumbar spine strain with bilateral sciatica, rule out respiratory exposure, and rule out chemical exposure to the eyes. The treating physician requested authorization for voltage actuated sensory nerve conduction threshold. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had 12 chiropractic treatments. The UR physician noted there was no documentation provided describing the medical necessity for the specialized electrodiagnostic studies. Therefore, the request was non-certified.

### 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 (VSNCT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, Voltage Actuated Sensory Nerve Conduction tests aka Current perception threshold - CPT- testing.

**Decision rationale:** The patient presents with unrated nuchal pain, bilateral shoulder pain, headache following chemical exposure and associated blurred vision bilaterally. The patient's date of injury is 07/08/13. Patient has no documented surgical history directed at this complaint. The request is for VOLTAGE ACTUATED SENSORY NERVE CONDUCTION THRESHOLD - VSNCT. The RFA is dated 01/11/15. Physical examination dated 12/17/14 reveals a limping and distorted gait, tingling of the ulnar nerve distribution of the left hand distal to a healed 10cm laceration on the left forearm, positive Finkelsten's test was noted on the left wrist. Tenderness to palpation is noted along the right sacroiliac joints, right sciatic notch, lumbar paraspinal muscles, lateral joint line of the left knee, and plantar fascia of the left foot. Treater also documents positive straight leg raise test bilaterally, positive patellar grind test bilaterally. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status was not provided. ODG Guidelines, Neck and Upper Back Chapter, address the use of Voltage Actuated Sensory Nerve Conduction tests aka Current perception threshold CPT testing, stating: "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 and the American Association of Electrodiagnostic Medicine have both concluded that quantitative sensory threshold testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold testing. The Centers for Medicare and Medicaid Services 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."In regards to the request for a sensory nerve conduction examination to be performed on the cervical spine, the treater has not provided a reason for the request and the procedure is not supported by guidelines. ODG states that there is little evidence of this particular diagnostic procedure being used to improve clinical outcomes owing to a lack of conflicting data and standardization. While this patient does appear to experience sensory disturbances distal to a laceration on his forearm, the treater does not indicate how this study is to improve this patient's course of care. Owing to a lack of evidence of this diagnostic procedure's necessity or efficacy, the request cannot be substantiated. The request IS NOT medically necessary.