

Case Number:	CM15-0064703		
Date Assigned:	04/10/2015	Date of Injury:	01/06/1999
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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, Pain Management

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 66 year old male, who sustained an industrial injury on January 6, 1999. He reported falling off a step ladder. The injured worker was diagnosed as having cervical spine sprain/strain, cervicogenic headaches, cervical degenerative disc disease, lumbar spine sprain/strain and degenerative disc disease, left elbow sprain/strain, left hip sprain/strain, history of congenital hypothyroidism, and seasonal affective disorder, and sleep disturbance with nightmares. Treatment to date has included MRIs, x-rays, physical therapy, psychological treatment, epidural injections, and medication. Currently, the injured worker complains of cervical spine pain with bilateral upper extremity radicular pain, lumbar spine pain with bilateral lower extremity pain and muscle spasms, and left hip pain. The Primary Treating Physician's report dated February 20, 2015, noted the injured worker reporting an increase in his pain, rating the cervical pain 3/10, the lumbar pain 4-5/10, and the left hip pain 4/10. The Physician prescribed Naproxen for pain, Flexeril for muscle spasms, and topical creams. A Toradol intramuscular injection was administered due to the pain. Physical examination was noted to show tenderness in the cervical, cervical-thoracic, thoracic, lumbar, and lumbar-sacral areas of the spine with spasms in the cervical-thoracic, thoracic, lumbar and lumbar-sacral areas, and painful cervical spine and lumbar spine range of motion (ROM). The treatment recommendations and requests for authorization were noted to include chiropractic therapy with Voltage Sensory Nerve Conduction Study (VSNCT), and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT (cervical and lumbar spine) Voltage Sensory Nerve Conduction Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303.

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 and Low Back Chapter, Current perception threshold (CPT) testing.

Decision rationale: Regarding the requested VSNCT, MTUS is silent on the issue. ODG states it 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. As such, the currently requested VSNCT is not medically necessary.