

Case Number:	CM15-0092483		
Date Assigned:	05/18/2015	Date of Injury:	12/20/2014
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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 53 year old female, who sustained an industrial injury on 12/20/2014. She reported injuring her left shoulder and neck area after lifting a heavy object and was diagnosed with a cervical spine and left shoulder sprain. The injured worker is currently on modified work duty. The injured worker is currently diagnosed as having cervical and thoracic radiculopathy. Treatment and diagnostics to date has included cervical spine, thoracic spine, and left shoulder x-rays, physical therapy, and medications. In a progress note dated 01/22/2015, the injured worker presented with complaints of neck and bilateral upper mid back pain. Objective findings include neck, bilateral shoulder, and upper back tenderness and spasms with decreased range of motion to the neck and shoulders. The treating physician reported requesting authorization for cervical/thoracic small pain fiber nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small-Pain-Fiber Nerve Conduction Study Cervical/Thoracic: 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 (ODG) Pain Chapter, Current Perception threshold (CPT) testing.

Decision rationale: The patient was injured on 12/20/14 and presents with neck pain and bilateral upper mid back pain. The request is for a Small-Pain-Fiber Nerve Conduction Study Cervical/Thoracic. There is no RFA provided and the patient's current work status is not provided. The report with the request is not provided. Review of the reports provided does not indicate if the patient had any prior NCV of the cervical or thoracic spine. ODG guidelines Pain chapter, Current Perception threshold (CPT) testing: "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." Small pain fiber NCV is similar to current perception threshold testing. The reason for the request is not provided. There is pain over the bilateral paracervical with radiation to the bilateral shoulders, pain over the bilateral upper mid back, tenderness/spasm over the bilateral paracervical region, a positive cervical distraction test, and a positive spurling test. The patient is diagnosed with a cervical spine and left shoulder sprain. Treatment to date includes cervical spine, thoracic spine, and left shoulder x-rays, physical therapy, and medications. Currently, there is no support for small pain fiber NCV, per ODG guidelines and Medicare/Medicaid recommendations. The request IS NOT medically necessary.