

Case Number:	CM13-0033095		
Date Assigned:	12/06/2013	Date of Injury:	10/05/2012
Decision Date:	05/02/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, neck pain, midback pain, and low back pain reportedly associated with an industrial injury of October 5, 2012. Thus far, the applicant has been treated with following: Analgesic medications; dietary supplements; topical agents; transfer of care to and from various providers in various specialties; MRI imaging of the thoracic spine of June 17, 2013, interpreted as negative; MRI imaging of cervical spine of July 17, 2013, notable for multilevel low-grade neuroforaminal narrowing and small disk bulge at C6-C7; an MRI; topical compounds; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report of September 17, 2013, vasomotor adrenergic innervation, an EKG, and cardiorespiratory testing were denied. In its denial, the claims administrator referenced in August 15, 2013 progress note. This August 15, 2013 progress note, however, has not seemingly been incorporated into the Independent Medical Review packet. A May 9, 2013 progress note is notable for comments that the applicant reports ongoing neck, midback, and low back pain. It is stated that the applicant is working with a 15-pound lifting limitation in place. Transcutaneous electric therapy device, lumbar support, acupuncture, MRI imaging, and physical therapy and topical compounds were endorsed. The applicant's 15-pound lifting limitation was seemingly renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASOMOTOR ADRENEGIC INNERVATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMED/23931777](http://www.ncbi.nlm.nih.gov/pubmed/23931777)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
AUTONOMIC TEST BATTERY Page(s): 23.

Decision rationale: Based on the description of the test in question, this test seemingly represents a form of autonomic nervous system testing. The Chronic Pain Medical Treatment Guidelines does recommend autonomic testing in the diagnosis of chronic regional pain syndrome type 1, in this case, however, the documentation on file does not clearly establish evidence or suspicion of chronic regional pain syndrome type 1. The requesting provider noted on May 9, 2013 that the applicant carried the diagnoses of brachial neuritis/cervical radiculitis, neck sprain, thoracic sprain, and lumbar sprain. There was no mention or suspicion of chronic regional pain syndrome voiced on that date. The August 15, 2013 progress note, referenced by the claims administrator was not incorporated into the Independent Medical Review packet provided. Therefore, the request for vasomotor adrenergic innervation testing, a form of autonomic nervous system testing, is not certified, on Independent Medical Review.

ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMEDHEALTH/PMH0004319/](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319/)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA PRACTICE GUIDELINES FOR AMBULATORY ELECTROCARDIOGRAPHY

Decision rationale: The American Heart Association (AHA) indications for ambulatory electrocardiogram (EKG) testing include diagnoses, symptoms, or suspected diagnoses, which include syncopal episodes, near-syncopal episodes, dizziness, palpitations, shortness of breath, atrial fibrillation, atrial flutter, and other arrhythmias. In this case, however, there is no clearly voiced suspicion of any such condition evident on any progress note provided for review. There is no mention of issues related to syncope, palpitations, arrhythmias, or atrial fibrillation evident here. One of the progress notes provided to the utilization reviewer was not incorporated into the Independent Medical Review (IMR) packet. Therefore, the request is not certified, on Independent Medical Review.

**CARDIO-RESPIRATORY TESTING -AUTOMONOMIC FUNCTION ASSESSMENT:
CARDIOVAGAL INNERVATION:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMED/23931777](http://www.ncbi.nlm.nih.gov/pubmed/23931777)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AUTONOMIC TEST BATTERY, 23

Decision rationale: The Chronic Pain Medical Treatment Guidelines does support autonomic testing to help establish diagnosis or suspected diagnosis of chronic regional pain syndrome type 1, in this case, however, there is no clearly stated or clearly voiced suspicion of chronic regional pain syndrome type 1 for which autonomic nervous system testing would be indicated. The May 9, 2013 progress note referenced above suggested that the applicant carried the diagnoses of cervical radiculitis, neck strain, thoracic strain, and lumbar strain. The applicant was responding favorably to treatment, it appeared, and did not seemingly carry any evidence of complex regional pain syndrome (CRPS) type 1 for which autonomic nervous system testing would have been indicated. Accordingly, the request is not certified, on Independent Medical Review.