

Case Number:	CM13-0039520		
Date Assigned:	12/20/2013	Date of Injury:	09/01/2003
Decision Date:	03/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 upper extremity pain, thoracic outlet syndrome, bilateral wrist pain, bilateral hand pain, shoulder pain, and elbow pain reportedly associated with cumulative trauma at work first claimed on September 1, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple elbow and wrist corticosteroid injections; right and left carpal tunnel release surgeries in 2006; resection of a thoracic rib; at least 20 sessions of physical therapy; a percutaneous coronary angioplasty procedure in January 2012; and extensive periods of time off of work. In a Utilization Review Report of September 25, 2003, the claims administrator denied a request for autonomic nerve testing, citing non-MTUS Aetna Guidelines. The applicant's attorney subsequently appealed. In its utilization review denial, the claims administrator referenced a September 12, 2013 progress report. The September 12, 2013 progress note, however, was not incorporated into the packet of records served upon the Independent Medical Review organization. An earlier note of July 24, 2013 is notable for comments that the applicant reports persistent bilateral upper extremity pain, shoulder pain, and headaches. The applicant has numbness, tingling, paresthesias about the hands. Her overall pain level is 7/10. She is obsessive compulsive symptoms and depressive symptoms, it is noted. She is on tramadol and Dexilant for pain relief. She does exhibit positive signs of internal impingement about the shoulders with positive signs also suggestive of thoracic outlet syndrome, it is further noted. Tinel and Phalen signs at the wrist are equivocal with palpable tenderness noted about the wrist. There is no swelling about either wrist or elbow. Surgical scars associated with the carpal tunnel release procedure are noted. The applicant does have hyposensorium noted about the bilateral upper extremities without allodynia. Operating diagnoses include bilateral carpal tunnel syndrome status post carpal tunnel release surgery,

bilateral thoracic outlet syndrome status post thoracic outlet release surgery, upper extremity tenosynovitis, left ulnar neuropathy, adjustment disorder, anxiety, and depression. There is no mention made of suspected chronic regional pain syndrome as one of the operating diagnoses. She is again placed off of work, on total temporary disability. In a Mental Health Report of August 7, 2013, the suspected diagnoses include major depressive disorder, panic disorder, generalized anxiety disorder, history of ulnar nerve compression, history of carpal tunnel compression, history of thoracic outlet compression, history of cubital tunnel syndrome, residual thoracic outlet syndrome, and chronic pain syndrome resulting in a Global Assessment of Functioning (GAF) of 55. The applicant has psychological issues, it is further noted. An earlier note of June 14, 2013 also failed to mention chronic regional pain syndrome as one of the suspected diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nerve function test (testing for Dysautonomia): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: While page 23 of the MTUS Chronic pain Medical Treatment Guidelines does support autonomic testing to help try and define or establish the diagnosis of chronic regional pain syndrome type I, in this case, however, no clearly stated rationale for the test in question was provided by the attending provider. The clinical progress note of September 12, 2013 in question was not provided for review. There is no clearly voiced suspicion of chronic regional pain syndrome for which autonomic nerve testing would have been appropriate. Rather, the applicant was given other diagnoses including residual carpal tunnel syndrome, thoracic outlet syndrome, tenosynovitis, ulnar neuropathy, adjustment disorder, anxiety, depression, etc. There is no specific mention or suspicion of chronic regional pain syndrome for which autonomic nerve testing would have been indicated. Therefore, the request is not certified owing to lack of supporting information and lack of a clearly stated suspected diagnosis or differential diagnosis, based on the records provided for review.