

Case Number:	CM13-0066867		
Date Assigned:	05/14/2014	Date of Injury:	01/06/2012
Decision Date:	07/10/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal 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 patient is a 39-year-old male who was injured on 06/27/2011. Mechanism of injury is unknown. Prior treatment history has included the following medications: Tramadol-ER, Flexeril, and Omeprazole. The patient has used a TENS unit, acupuncture and home exercises. Diagnostic studies reviewed include an echocardiography report dated 11/25/2013 revealed the following: 1) Left ventricular posterior wall thickness as found to show mild hypertrophy. 2) Left ventricular septal wall thickness as found to show mild hypertrophy. 3) Left ventricular ejection fraction was found to be abnormal at 63%. 4) Aortic valve has a peak velocity of 0.91 m/s with no aortic valve calcification, aortic valve stenosis or regurgitation. 5) Tricuspid valve was found to have no calcification, stenosis or regurgitation. 6) Pulmonic valve peak velocity was found to be 0.83 m/s with no calcification, stenosis but mild regurgitation. 7) Mitral valve was found to have no calcification, stenosis or regurgitation. Progress note dated 11/06/2013 documented the patient with complaints of cervical spine, shoulder and left elbow pain. Objective findings on examination reveal blood pressure 118/78, pulse 64 bpm. The ranges of motion were decreased in the cervical spine, shoulder and elbow. There is 3+ tenderness to palpation of the cervical spine. Diagnoses are multiple cervical diagnoses, Left elbow sprain, and left shoulder sprain. Treatment Plan: for the patient to perform Cardio-Respiratory Diagnostic Testing in order to objectively measure the patient's cardiac and respiratory autonomic nervous system functioning. During an injurious event, the nervous system provokes biological defensive response to autonomic, endocrine and immune processes. Imbalanced cardiac and respiratory autonomic function reduces the body's ability to heal and may lead to chronic traumas. Utilization report dated 12/04/2013 denied the request for autonomic functional assessment because there is no defined associated clinical need for this study presented in the medical

record. There is indefinite information provided by the attending physician to associate or establish the medical necessity or rationale for the requested autonomic function assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO-RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Testing the Autonomic Nervous System (<http://www.ncbi.nlm.nih.gov/pubmed/239377>) and Electrocardiogram (<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 Testing the autonomic nervous system, Freeman R1, Chapleau MW; Department of Neurology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA.

Decision rationale: The CA MTUS and ODG guidelines do not discuss autonomic testing. The study Testing the Autonomic Nervous System, Freeman, Chapleau, was used as a reference for autonomic testing. Testing may be considered for suspected autonomic dysfunction such as vasogenic syncope or orthostatic hypotension. The clinical documents provided do not discuss signs/symptoms, which are associated with autonomic dysfunction. The documents do not clearly demonstrate the justification for extensive autonomic testing. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.