

Case Number:	CM13-0067421		
Date Assigned:	01/03/2014	Date of Injury:	12/26/2000
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 original date of injury was 12/26/2000. The mechanism of injury is not described in the submitted records. The claimant has diagnoses of lumbar strain/sprain, other internal derangement of the knee, hypertension and loss of sleep. He has been treated with physical therapy, epidural steroid injection, lumbar fusion, spinal cord stimulator and oral medications. The requested services are cardio-respiratory autonomic function assessment, cardiovagal innervation and heart rate variability, adrenergic beat to beat blood pressure and pulmonary respiratory diagnostic testing.

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 <http://www.ncbi.nlm.nih.gov/pubmed/20730734>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Neurophysiol. 2006 Apr;117(4):716-30. Epub 2006 Feb 7.

Decision rationale: CA MTUS, ACOEM and ODG are silent on the topic of cardiorespiratory autonomic function assessment. An alternate reference is provided above. This type of testing might be undertaken in the investigation of syncope or near syncope. The medical record in this case describes no episodes of syncope or other near loss of consciousness. The request is not medically necessary.

CARDIOVAGAL INNERVATION AND HEART RATE VARIABILITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12624607>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hum Hypertens. 2003 Mar;17(3):171-9. Reduced heart rate variability in hypertension: associations with lifestyle factors and plasma renin activity. Virtanen R1, Jula A, Kuusela T, Helenius H, Voipio-Pulkki LM.

Decision rationale: CA MTUS, ACOEM and ODG are silent on the topic of cardiovagal innervation and heart rate variability. Measurement of vagal function and heart rate variability might be undertaken in an electrophysiology lab for repeated episodes of syncope or near syncope. The record in this case describes no such episodes and only documents the presence of hypertension (not industrially related) in addition to the industrially rated low back and knee pain. The requested procedure is not medically necessary.

ADRENERGIC BEAT TO BEAT BLOOD PRESSURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18090542>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension. 2000 Oct;36(4):538-42. Adrenergic and reflex abnormalities in obesity-related hypertension. Grassi G1, Seravalle G, Dell'Oro R, Turri C, Bolla GB, Mancia G.

Decision rationale: CA MTUS, ACOEM and ODG are silent on the topic of adrenergic beat to beat blood pressure. Measurement of beat to beat blood pressure might be undertaken in an electrophysiology lab for repeated episodes of syncope or near syncope. The record in this case describes no such episodes and only documents the presence of hypertension (not industrially related) in addition to the industrially rated low back and knee pain. The requested procedure is not medically necessary.

PULMONARY RESPIRATORY DIAGNOSTIC TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Function Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary section

Decision rationale: CA MTUS and ACOEM are silent of pulmonary testing. ODG allows that pulmonary function testing may be undertaken to assess lung function in cases of asthma, chronic lung disease or before consideration of certain pulmonary surgical procedures. The medical record in this case describes no such conditions in the claimant and the requested testing is not medically necessary.