

Case Number:	CM14-0108394		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2003
Decision Date:	09/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 injured worker is a 51 year old male who was injured on September 30, 2003 due to an undisclosed mechanism of injury. Complaints of chronic low back pain, pain and paresthesias in lower extremities and status post lumbar spine fusion as well as cervical spine fusion are noted. The injured worker also complains of neck pain with paresthesias and pain in the bilateral upper extremities. Past medical history is significant for coronary artery disease and bypass surgery along with gastric ulcer. On examination, he has normal motor, sensory and reflex function in lower extremities. The examination of the cervical spine reveals mild cervical spine tenderness with bilateral Tinel's test positive across the wrists but negative elbow flexion tests. Sensation, motor strength and reflex function in the upper extremities is normal. In addition, the injured worker has had upper and lower extremity electromyography (EMG) and nerve conduction studies performed, which are normal without any evidence of radiculopathy or neuropathy. These studies and corresponding examination was done on Jul 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiovagal innervation and heart rate variability - every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Parameter: evaluation of distal symmetric polyneuropathy: role of autonomic testing, nerve biopsy, and skin biopsy (an

evidence-based review).Neurology 2009 Jan 13;72 (2): 177-184 (56 references) PubMed External Web Site policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.anthem.com/medicalpolicies/policies/mp_pw_c160708.htm, accessed 8/28/2014 <http://www.bcbsms.com/index.php/index.php?q=provider-medical-policy-search.html&action=viewPolicy&path=%2Fpolicy%2Femed%2FAutonomic+Nervous+System+Testing.html>, accessed 8/28/2014.

Decision rationale: Cardiovagal testing is used for the diagnosis of disorders of autonomic nervous system (ANS) function. ANS dysfunction is suggested by symptoms and signs such as orthostatic hypotension, syncope, increased or decreased sweating, heat intolerance, impotence, nocturia, nausea, constipation and urinary retention when other more usual causes can not be found. Typically, ANS dysfunction is noted in conjunction with neurodegenerative disease or in specific conditions such as amyloidosis, sarcoidosis, diabetes, liver disease, renal disease, intoxication, multiple myeloma and other malignancies. The medical records provides no justification for the need of this test. None of the symptoms described above and none of the conditions in which ANS dysfunction is typically found are present based on the provided medical records. As such, the request is not medically necessary.

1 Adrenergic: beat to beat blood pressure responses to the Valsalva maneuver, sustained hand grip - every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Parameter: evaluation of distal symmetric polyneuropathy: role of autonomic testing, nerve biopsy, aand skin biopsy (an evidence-based review).Neurology 2009 Jan 13;72 (2): 177-184 (56 references) PubMed External Web Site policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Also See references noted in Question 1 above. <http://www.bcbsms.com/index.php/index.php?q=provider-medical-policy-search.html&action=viewPolicy&path=%2Fpolicy%2Femed%2FAutonomic+Nervous+System+Testing.html>, accessed 8/28/2014 http://www.anthem.com/medicalpolicies/policies/mp_pw_c160708.htm, accessed 8/28/2014.

Decision rationale: Beat to beat response to Valsalva maneuver and sustained hand grip is used for the diagnosis of disorders of autonomic nervous system (ANS) function. ANS dysfunction is suggested by symptoms and signs such as orthostatic hypotension, syncope, increased or decreased sweating, heat intolerance, impotence, nocturia, nausea, constipation and urinary retention when other more usual causes cannot be found. Typically, ANS dysfunction is noted in conjunction with neurodegenerative disease or in specific conditions such as amyloidosis, sarcoidosis, diabetes, liver disease, renal disease, intoxication, multiple myeloma and other

malignancies. The medical records provides no justification for the need of this test. None of the symptoms described above and none of the conditions in which ANS dysfunction is typically found are present based on the provided medical records. As such, the request is not medically necessary.

1 Autonomic Nervous System Sudomotor Testing (SudoScan) - every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Parameter: evaluation of distal symmetric polyneuropathy: role of autonomic testing, nerve biopsy, and skin biopsy (an evidence-based review). Neurology 2009 Jan 13;72 (2): 177-184 (56 references) PubMed External Web Site policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bcbsms.com/index.php/index.php?q=provider-medical-policy-search.html&action=viewPolicy&path=%2Fpolicy%2Femed%2FAutonomic+Nervous+System+Testing.html>, accessed 8/28/2014 http://www.anthem.com/medicalpolicies/policies/mp_pw_c160708.htm, accessed 8/28/2014.

Decision rationale: Sudoscan is used for the diagnosis of disorders of autonomic nervous system (ANS) function. ANS dysfunction is suggested by symptoms and signs such as orthostatic hypotension, syncope, increased or decreased sweating, heat intolerance, impotence, nocturia, nausea, constipation and urinary retention when other more usual causes can not be found. Typically, ANS dysfunction is noted in conjunction with neurodegenerative disease or in specific conditions such as amyloidosis, sarcoidosis, diabetes, liver disease, renal disease, intoxication, multiple myeloma and other malignancies. The medical record provides no justification for the need of this test. None of the symptoms described above and none of the conditions in which ANS dysfunction is typically found are present based on the provided medical records. As such, the request is not medically necessary.