

Case Number:	CM14-0118948		
Date Assigned:	09/16/2014	Date of Injury:	12/04/2003
Decision Date:	11/18/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 62 year old female with complaints of neck, back, bilateral shoulder, bilateral upper extremity, bilateral elbow, bilateral wrist, bilateral hand, bilateral knee, bilateral leg, head, and vascular complaints. The agreed medical examination dated 12/18/13 indicates the injured worker complaining of pain at numerous sites. The injured worker also reported intermittent headaches occurring 2-3 times each week. The injured worker reported ongoing pain approximately one year prior. There is an indication the initial area of pain was at the left leg which began to "curled up toward her body." The injured worker reported severe levels of pain. A morphine injection did provide some relief so the left leg was able to return to its normal position. Radiating pain has been identified from the neck into the upper extremities. The injured worker also reported bilateral shoulder pain, left greater than right with intermittent radiating pain down the upper extremities. Lifting objects was exacerbating her pain level. Range of motion deficits were identified throughout the injured worker's body. There is an indication the injured worker has all 4 fingers of the right hand had been fractured. The injured worker is unable to move the fingers fully. The clinical note dated 03/19/14 indicates the injured worker undergoing a medical records reviewed. The injured worker reported depression, weight gain, and a sleep disorder. The clinical note dated 02/25/14 indicates the injured worker having no complaints of shortness of breath. The injured worker denied any chest pain or difficulty breathing. The clinical note dated 09/18/13 indicates the injured worker's blood glucose readings average at 100mg/dl. Blood pressure readings however between 134/79 to 149/84.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 05/22/14: Testing of Autonomic nervous system function; cardiovagal innervation (parasympathetic): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Medical Policy 05/01/13 (on-line)

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: 1.) Lipp A, Sandroni P, Ahlskog JE, et al. Prospective differentiation of multiple system atrophy from Parkinson disease, with and without autonomic failure. Arch.Neurol. 2009; 66(6):742-750. 2.) Low PA, Benrud-Larson LM, Sletten DM, et al. Autonomic symptoms and diabetic neuropathy: a population-based study. Diabetes Care. 2004; 27(12):2942-2947. 3.) Low PA, Tomalia VA, Park KJ. Autonomic function test

Decision rationale: The request for testing for autonomic nervous system functions; cardiovagal innervation is non-certified. The documentation indicates the injured worker having been diagnosed with diabetes. There is also an indication the injured worker has complaints of pain at numerous sites. However, no information was submitted regarding any significant findings that would indicate the need for autonomic nervous system functions, as no deficits were identified in the submitted documentation. Therefore, this request is not indicated as medically necessary.

Retrospective DOS 05/22/14: Testing of Autonomic nervous system function; Vasomotor adrenergic innervation (sympathetic): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Medical Policy 05/01/13 (on-line)

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: 1.) Lipp A, Sandroni P, Ahlskog JE, et al. Prospective differentiation of multiple system atrophy from Parkinson disease, with and without autonomic failure. Arch.Neurol. 2009; 66(6):742-750. 2.) Low PA, Benrud-Larson LM, Sletten DM, et al. Autonomic symptoms and diabetic neuropathy: a population-based study. Diabetes Care. 2004; 27(12):2942-2947. 3.) Low PA, Tomalia VA, Park KJ. Autonomic function tes

Decision rationale: The request for autonomic nervous system function; vasomotor adrenergic innervation is non-certified. No information was submitted in the documentation regarding the need for vasomotor adrenergic innervation testing. Without this information in place it is unclear that the injured worker would benefit from the proposed testing. Therefore, this request is not indicated as medically necessary.

Retrospective DOS 05/22/14 for Rhythm ECG (Electrocardiography), 1-3 leads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation United States Preventive Service Task Force (on-line) The USPSTF

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: 1.) Comparison of Fluoroscopic versus Real Time Three-Dimensional Transthoracic Echocardiographic Guidance of Endomyocardial Biopsies. D Platts, M Brown, G Javorsky, C West, N Kelly, D Burstow. European Journal of Echocardiography (2010) doi:10.1093/ejechocard/jeq036. 2.) Lesson III. Characteristics of the Normal ECG Frank G. Yanowitz, MD. Professor of Medicine. University of Utah School of Medicine. Ret

Decision rationale: The request for a rhythm ECG is non-certified. No information was submitted regarding the injured worker's cardiac or pulmonary involvement. No information was submitted regarding the injured worker's circulatory deficits. Given these factors, the request is not indicated as medically necessary.