

<b>Case Number:</b>	CM14-0131550		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 6/27/13 date of injury. At the time (7/22/14) of request for authorization for Autonomic nervous system sudomotor testing (SudoScan) to be performed every 3 months, Urine drug screen, Spirometry and Pulmonary function and stress testing, Sleep disorder breathing respiratory (SDBR) to be performed every 3 months, and there is documentation of subjective (low back pain radiating to legs, bilateral shoulder pain, and neck pain) and objective (decreased cervical range of motion with pain, tenderness over the cervical and lumbar paravertebral muscles, anterior shoulder, and posterior shoulder) findings, current diagnoses (cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, and left shoulder sprain/strain), and treatment to date (medications and chiropractic therapy). Regarding Sudomotor scan, there is no documentation of a suspicion/diagnosis of CRPS. Regarding Urine drug screen, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Regarding Pulmonary function test, there is no documentation of asthma, to diagnose and provide prognosis in other lung diseases, or diagnosis and management of chronic lung disease. Regarding Sleep disorder breathing respiratory, there is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Autonomic nervous system sudomotor testing ("SudoScan") to be performed every 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a suspicion/diagnosis of CRPS, as criteria to support the medical necessity of Sudomotor testing. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, and left shoulder sprain/strain. However, there is no documentation of a suspicion/diagnosis of CRPS. Therefore, based on guidelines and a review of the evidence, the request for Autonomic nervous system sudomotor testing (SudoScan) to be performed every 3 months is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, and left shoulder sprain/strain. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Urine drug screen is not medically necessary.

**Spirometry and Pulmonary function and stress testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic), Pulmonary function testing.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of asthma, to diagnose and provide prognosis in other lung diseases, or diagnosis and management of chronic lung disease, as criteria necessary to support the medical necessity of pulmonary function test. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, and left shoulder sprain/strain. However, there is no documentation of asthma, to diagnose and provide prognosis in other lung diseases, or diagnosis and management of chronic lung disease. Therefore, based on guidelines and a review of the evidence, the request for Spirometry and Pulmonary function and stress testing is not medically necessary.

**Sleep disorder breathing respiratory ("SDBR") to be performed every 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded, as criteria necessary to support the medical necessity of polysomnography. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, and left shoulder sprain/strain. However, there is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Therefore, based on guidelines and a review of the evidence, the request for Sleep disorder breathing respiratory (SDBR) to be performed every 3 months is not medically necessary.