

Case Number:	CM14-0150018		
Date Assigned:	09/24/2014	Date of Injury:	12/23/2013
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation 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:

This male stocker sustained an injury on 12/23/13 from collecting parking lot carts when a vehicle backed up to him while employed by [REDACTED]. X-rays were performed and medications prescribed with limited duty. Orthopedic evaluation of 5/21/14 had diagnoses of cervical strain/sprain; thoracic pain with radicular component rule out herniated disc; and lumbosacral strain/ sprain syndrome. Request under consideration includes an Urgent Autonomic Nervous System Sudometer Testing (Sudoscan). Diagnoses include unspecified autonomic nervous system disorder; diabetic polyneuropathy; other congenital anomalies. The patient had previous pulmonary, respiratory and sleep disorder breathing diagnostic testing as part of whole body clinical assessment with complaints of snoring and headaches. Medications list Flexeril, Norco, Sonata, and Zyrtec. Cardiorespiratory testing done on 4/29/14 showed normal deep breathing and Val Salva responses with minimal increase in heart rate secondary to postural change. Body mass index reported at 22.8 with pulse oximetry at 98%. The request(s) for Urgent Autonomic Nervous System Sudometer Testing (Sudoscan) was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Autonomic Nervous System Sudometer Testing (Sudoscan): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Autonomic Test Battery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Autonomic Testing / Sudomotor Tests

Decision rationale: ACOEM/MTUS, ODG guidelines are silent on use of Sudoscan, testing for idiopathic and diabetic distal symmetric polyneuropathy; however, clinical policy considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) for use as a diagnostic tool in conditions and disorders such as amyloid neuropathy, diabetic autonomic neuropathy, Sjogren's, none of which seen here and considers these testing to be experimental and investigational as with listed diagnoses for this individual. Submitted reports have not demonstrated symptom complaints, clinical findings, diagnoses to support for these periodic sudomotor testing as it relates to injury. The Urgent Autonomic Nervous System Sudometer Testing (Sudoscan) is not medically necessary and appropriate.