

Case Number:	CM14-0176193		
Date Assigned:	10/29/2014	Date of Injury:	06/02/2009
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The IW has had known hypertension since 2009. He previously underwent L3-S1 fusion and laminectomy in 2011. Documented diagnostic studies include lumbar x-rays and lumbar MRI. Other documented treatments include epidural steroid injections, physical therapy, aquatic therapy, individual psychotherapy sessions, and medication management. Pursuant to the August 29, 2014 progress note, the IW reported no change in his HTN and still complained of blurry vision pertinent examination findings showed blood pressure of 118/74, heart rate of 72bpm, and clear lung fields on auscultation, and unremarkable heart sounds with regular rate and rhythm. The IW is currently on Amlodipine, Benazepril, Aspirin, and topical creams. It was noted that the IW had a previous cardio-respiratory test done. The results of the previous cardio-respiratory treatment were not provided in the documentation. The most recent report did not provide any objective evidence of cardiopulmonary dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio respiratory test and Sudoscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cardiopulmonary Exercise Testing Policy, Autonomic Testing/Sudomotor Tests

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.aetna.com/cpb/medical/data/400_499/0485.html

http://www.aetna.com/cpb/medical/data/800_899/0825.html

Decision rationale: The Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines do not address Sudomotor testing and cardiopulmonary exercise testing, autonomic testing. See the links noted above for additional details. Aetna considers autonomic testing in specific clinical conditions. However, Aetna considers autonomic testing experimental and investigational for all other conditions (http://www.aetna.com/cpb/medical/data/400_499/0485.html). Aetna considers cardiopulmonary exercise testing medically necessary in a set of specific conditions. See the attached link for details. (http://www.aetna.com/cpb/medical/data/800_899/0825.html). Aetna considers cardiopulmonary exercise testing experimental and investigational for conditions not on the all-inclusive list. In this case, the injured worker is a 68-year-old man. His diagnoses were felt low back syndrome, lumbosacral radiculopathy, hypertension with left ventricular dysfunction, and blurred vision secondary hypertension. The injured worker underwent a prior cardiorespiratory test. The results were not provided for consideration. Additionally, there was no objective evidence of progression or significant change in this workers clinical condition from the time of the last undated cardiopulmonary exercise test to warrant a repeat study. Reportedly, the most recent report did not provide any objective evidence of cardiopulmonary dysfunction to warrant further diagnostic evaluation or reevaluation. With regards to the request for a Sudiscan, there is no clear clinical indication or rationale to perform this test. There was no objective evidence of ongoing neuropathy or evidence suggestive of autonomic dysfunction to support the medical necessity. Additionally, both requested tests are experimental and investigational if the clinical condition is not on the all-inclusive list, respectively. Consequently, the cardiopulmonary exercise testing and Sudomotor testing is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, cardiopulmonary exercise testing and Sudomotor testing is not medically necessary.