

Case Number:	CM14-0179127		
Date Assigned:	11/03/2014	Date of Injury:	05/29/2010
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, and shoulder pain reportedly associated with an industrial injury of May 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery on October 4, 2011, earlier knee surgery on August 10, 2010; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for a Sudoscan, citing a paucity of supporting documentation. No guidelines were cited. The claims administrator stated that its decision was based on a Request for Authorization form of September 30, 2014. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant reported ongoing complaints of low back and bilateral knee pain, 5-6/10. The applicant was using hydrocodone and unspecified pain patches for pain relief. The applicant was obese, standing 5 feet 3 inches and weighing 184 pounds. The applicant was using a cane to move about. Operating diagnoses included cervical disk syndrome, lumbar radiculitis syndrome, shoulder rotator cuff syndrome, wrist carpal tunnel syndrome, knee chondromalacia, knee meniscal tear, status post right shoulder surgery, gastroesophageal reflux disease, diabetes, and hypertension. Multiple topical compounded medications were prescribed. The applicant's work status was not furnished. In an October 9, 2014 progress note, the applicant reported ongoing complaints of chronic pain syndrome and chronic knee pain. Celexa and Neurontin were apparently renewed. The note was difficult to follow. In a September 26, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant was asked to continue permanent work restrictions imposed by a Medical-legal evaluator. It did not appear that the applicant was working with said limitations in place. An H-Wave device, neurology consultation, psychiatry consultation, internal medicine

consultation, a sleep study, aquatic therapy, and electrodiagnostic testing of the lower extremities were sought, along with MRI imaging of the cervical spine, right shoulder, lumbar spine, right knee, and left knee. The note comprised almost entirely of preprinted checkboxes. There was little to no narrative commentary. There was no mention of the need for a Sudoscan on this note, however. On September 3, 2014, the applicant was given diagnoses of diabetes and gastroesophageal reflux disease. Laboratory testing, renal ultrasound, EKG, and Sudoscan were sought. It was stated that Sudoscan was being performed for the purpose of detecting diabetic neuropathy. Multiple medications were refilled, including metformin, Victoza, and diabetic creams. While the attending provider stated that Sudoscan was being ordered to rule out diabetic neuropathy, there was no mention of any neuropathic symptoms on this date. The subjective section of the report was quite scant, noting that the applicant simply denied any changes in her diabetes or reflux symptoms. A lower extremity exam was not performed. A random blood sugar test was 224 in the clinic, however. The Sudoscan in question was apparently performed on September 3, 2014. The results of the same were not clearly stated; however, the attending provider stated that the applicant had "intermediate conductance" indicative of peripheral autonomic neuropathy. The attending provider suggested follow-up Sudoscan testing every 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudoscan: 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 Sudoscan, a Noninvasive Tool for Detecting Diabetic Small Fiber Neuropathy and Autonomic Dysfunction, Casselini et al, November 2013 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817891>

Decision rationale: The MTUS does not address the topic. While in a November 2013 article entitled "Sudoscan, a noninvasive tool for detecting diabetic small fiber neuropathy and autonomic dysfunction," does acknowledge that a Sudoscaning is a promising, sensitive tool to detect diabetic neuropathy in applicants with diabetes mellitus, in this case, the applicant already underwent earlier Sudoscan testing on September 3, 2014. It was not clear why repeat Sudoscan testing is needed here. It is further noted that the results of the earlier Sudoscan testing were not clearly stated. It is further noted that the attending provider's documentation on a September 3, 2014 office visit did not outline any clear diabetic neuropathic symptoms, such as lower extremity paresthesias, numbness, tingling, loss of sensitivity, etc., which would call into question a suspected diabetic neuropathy here. The request, thus, is not indicated both owing to the incomplete nature of applicant's lower extremity symptoms, the fact that the attending provider has not outlined a compelling rationale for pursuit of Sudoscan testing so soon after an earlier Sudoscan of September 3, 2014, and the fact that the results of the earlier Sudoscan testing of September 3, 2014 were not clearly reported. Therefore, the request is not medically necessary.

