

<b>Case Number:</b>	CM14-0023307		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 patient is a 40 year-old male who has filed a claim for dysautonomia associated with an industrial injury date of July 06, 2013. Review of progress notes indicates left knee pain, stiffness, and weakness. Findings include tenderness, swelling, decreased and painful range of motion, and positive McMurray's test of the left knee. There is note that the patient has hypertension. Treatment to date has included NSAIDs, topical creams, and opioids. Utilization review from February 11, 2014 denied the requests for adrenergic: beat-to-beat blood pressure responses to the Valsalva maneuver and cardiovagal innervation and heart rate as there is insufficient information to establish the medical necessity of these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADRENERGIC: BEAT-TO-BEAT BLOOD PRESSURE RESPONSES TO THE VALSALVA MANEUVER: 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 Other Medical Treatment Guideline or Medical Evidence: Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Chapter 78: Bedside Evaluation of the Autonomic System.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Clinical Methods: The History, Physical, and Laboratory Examinations was used instead. It states that the Valsalva maneuver is a method to assess autonomic control of blood pressure and heart rate. In this case, there is no documentation regarding findings consistent with autonomic dysfunction or cardiovascular disease in this patient. Although there is mention that this patient has hypertension, there is no mention of treatment failure or special indications to support this procedure. Therefore, the request for adrenergic: beat-to-beat blood pressure responses to the Valsalva maneuver was not medically necessary.

**CARDIOVAGAL INNERVATION AND HEART-RATE:** 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 Other Medical Treatment Guideline or Medical Evidence: Anthem Blue Cross: Autonomic Testing.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Anthem Blue Cross was used instead. According to Anthem, the use of autonomic nervous system function testing for cardiovagal innervations is considered investigational and not medically necessary for all indications. In this case, there is no documentation regarding findings consistent with autonomic dysfunction or cardiovascular disease in this patient. Although there is mention that this patient has hypertension, there is no mention of treatment failure or special indications to support this procedure. Also, there is no guideline evidence to support the use of this procedure. Therefore, the request for cardiovagal innervation and heart-rate was not medically necessary.