

<b>Case Number:</b>	CM14-0023982		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 47 year old female who was injured on 07/13/2014 while performing her usual and customary work as a surgical tech. Progress report dated 01/31/2014 states the patient complained of constant, moderate, dull achy, sharp, stabbing neck pain that is aggravated by looking up and looking down. The patient complained of low back pain aggravated by movement and rated as an 8/10. Objective findings on exam revealed blood pressure 141/78 with a pulse of 82 bpm. The cervical spine range of motion was decreased and revealed extension to 50; flexion to 40; left lateral bending to 40; left rotation to 80; right lateral bending to 40; and right rotation to 80. There is +3 tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's positive bilaterally. Sitting straight leg raise is positive on the left. Diagnosis hypertension and elevated blood pressure. Prior utilization review dated 02/19/2014 states the request for Cardio Respiratory/Autonomic Function Assessment: Cardiovascular Innervation and Heart Rate Variability (Parasympathetic Innervation) every 3 months is modified to certify x1; Adrenergic: Beat to Beat Blood Pressure Responses to the Valsalva Maneuver; Sustained Hand Grip, and Blood Pressure and Heart Rate Responses to Active Standing, every 3 months is modified to certify x1 month; EKG every 3 months is modified to certify x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio Respiratory/Autonomic Function Assessment: Cardiovascular Innervation and Heart Rate Variability (Parasympathetic Innervation) every 3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.mayoclinic.org/medicalprofs/autonomic-testing-applications.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations And Consultations, page (s) 503-524

**Decision rationale:** The guidelines state that autonomic testing can be used to identify the presence and nature of autonomic dysfunction. The testing may prove beneficial to distinguish primary vs secondary causes, autonomic neuropathy, and psychogenic disorders. The clinical documents provided focused mainly on the patient's pain symptoms and neuropathy. It is unclear which diagnosis the provider is evaluating with the autonomic testing. There were inadequate subjective and objective findings to warrant autonomic testing at this time. The clinical notes did not discuss how autonomic testing will affect and alter management of this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Adrenergic: Beat to Beat Blood Pressure Responses to the Valsalva Maneuver, Sustained Hand Grip, and Blood Pressure and Heart Rate Responses to Active Standing, every 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.mayoclinic.org/medicalprofs/autonomic-testing-applications.html>

**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: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC458923/pdf/brheartj00273-0034.pdf>

<https://www.aan.com/Guidelines/Home/GetGuidelineContent/39>

**Decision rationale:** The guidelines state that autonomic testing can be used to identify the presence and nature of autonomic dysfunction. The testing may prove beneficial to distinguish primary vs secondary causes, autonomic neuropathy, and psychogenic disorders. The clinical documents provided focused mainly on the patient's pain symptoms and neuropathy. It is unclear which diagnosis the provider is evaluating with the autonomic testing. There were inadequate subjective and objective findings to warrant autonomic testing at this time. The clinical notes did not discuss how autonomic testing will affect and alter management of this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**EKG every 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease - A Textbook of Cardiovascular medicine, 9th ed., Chapter 13 - Electrocardiography

**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: <http://www.webmd.com/heart-disease/electrocardiogram>

**Decision rationale:** The guidelines recommend EKG when evaluating for certain cardiac diseases such as cardiac ischemia, irregular heart rate and rhythm, and many other cardiac conditions. The clinical documents did not discuss the indication for EKG every 3 months. EKGs are generally not ordered at 3-month intervals. Additionally, it is unclear how many EKGs are necessary or if the order is for indefinite EKGs. The clinical documents did not provide adequate subjective and objective information to justify the above request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.