

Case Number:	CM14-0038091		
Date Assigned:	06/25/2014	Date of Injury:	02/12/2010
Decision Date:	08/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 59 year old male who reported an injury to his left knee and low back. The clinical note dated 02/06/10 indicates the injured worker has been diagnosed as being a diabetic. The note indicates the injured worker complaining of upper quadrant abdominal pain with constipation, diarrhea, and testicular pain. The injured worker's blood sugars have been well-controlled and are showing in the 140's. Trace amounts of bright red blood have been identified in the rectum. There is an indication the injured worker has previously been utilizing non-steroidal medications as well as narcotic analgesics which have been identified as triggering the constipation and diarrhea. The clinical note dated 01/30/14 indicates the injured worker complaining of ongoing low back pain. Numbness was also identified in the lumbar region. The injured worker also reported frequent urination. The injured worker reported moderate to severe pain at the left knee. The injured worker had been prescribed the use of Ultram after a failure of 1st line therapies. The clinical note dated 12/26/13 indicates the injured worker complaining of low back pain as well as left knee pain. Upon exam, the injured worker was able to demonstrate 5 to 140 degrees of range of motion at the left knee. Tenderness was identified at the medial joint line. The injured worker was also identified as having a positive patella femoral grind test. The note also indicates the injured worker continuing with GI type symptoms. The note also indicates the injured worker had discontinued the use of Anaprox and instead the injured worker was prescribed the use of Tramadol. The clinical note dated 12/12/13 indicates the injured worker having undergone a stress echocardiogram which revealed good functional capacity with no ST changes and no arrhythmias. No chest pain was identified. The previous utilization review dated 03/14/14 resulted in a denial as insufficient information had been submitted regarding any clinical evidence to warrant the proposed procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudoscans for symptoms related to left knee and lumbar spine injury, as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain (Chronic).

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:1.)Carolina M. Casellini, Henri K. Parson, Margaret S. Richardson, Marie L. Nevoret, and Aaron I. Vinik. Diabetes Technology & Therapeutics. November 2013, 15(11): 948-953. doi:10.1089/dia.2013.0129. Diabetes Technology & Therapeutics. Sudoscans, a Noninvasive Tool for Detecting Diabetic Small Fiber Neuropathy and Autonomic Dysfunction2.)Hanna Ayoub, Jean Henri Calvet, Virginie Lair, Sophie Griveau, Fethi Bedioui and Michel Cassir. "Developments in Electrochemistry", Published: November 21, 2012. Electrochemical Basis for EZSCAN/SUDOSCAN: A Quick, Simple, and Non-Invasive Method to Evaluate Sudomotor Dysfunctions.

Decision rationale: The documentation indicates the injured worker complaining of left knee and low back pain that has been addressed with the use of pharmacological interventions. The clinical notes indicate the injured worker complaining of both constipation and diarrhea secondary to the use of the recommended medications. No high quality studies have been published confirming the safety and efficacy of the use of the Sudoscans in identifying neuropathic involvement. There is an indication that Sudoscans may become an accepted tool; however, without high quality studies published in peer reviewed literature supporting the safety and efficacy of the use of this evaluation, this request is not fully indicated for the injured worker at this time.