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| <b>Case Number:</b>   | CM14-0039101 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 03/27/2013 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 03/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine Surgery 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 43-year-old male with a date of injury of 03/27/2013. The listed diagnosis per [REDACTED] is open wound of finger without complication. According to progress report 02/28/2014, the patient complains of "activity-dependent moderate dull sharp right finger pains, stiffness, numbness, tingling, and weakness." Examination notes no swelling or redness. Review of progress reports from 09/22/2013 to 02/28/2014 do not provide physical examination of this patient other than "no swelling or redness noted." Reports 02/28/2014 indicates that as part of the followup evaluation, treater performed a "cardiorespiratory diagnostic testing (autonomic function assessment) in order to objectively measure the patient's cardiac and respiratory autonomic nervous system function and screen for signs and symptoms arising out of the industrial injury." Utilization review denied the request on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autonomic Nervous System Sudomotor Testing (SudoScan): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/23889506>  
<http://www.ncbi.nlm.nih.gov/pubmed/21359130>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and and AETNA Clinical Policy Bulletin, Autonomic testing/Sudomotor tests.

**Decision rationale:** This patient presents with pain, stiffness, numbness, tingling and weakness in the right finger. The treater is requesting a sudomotor testing (sudoscan). Utilization review states Sudoscan is a sensitive tool to detect neuropathy in patients with DM. It allows quick quantitative assessment of sudomotor function, but it is ultimately time-consuming. The ACOEM and MTUS guidelines do not discuss sudomotor testings. ODG under it pain section has the following regarding Sudomotor axon reflex test, "Not generally recommended as a diagnostic test for CRPS." There is no further discussion regarding this test. Aetna has the following regarding Autonomic testing/Sudomotor tests Number: 0485, Aetna considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) medically necessary for use as a diagnostic tool for any of the following conditions/disorders: amyloid neurpathy, diabetic autonomic neuropathy, distal small fiber neuropathy, etc.. Aetna considers autonomic testing experimental and investigational for all other indications. In this case, review of progress reports from 09/22/2013 to 02/28/2014 does not provide physical examination of this patient other than "no swelling or redness noted." The patient does not meet indication for this testing. Recommendation is for denial.