

Case Number:	CM14-0049421		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2007
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 Orthopedic 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 56-year-old female who has submitted a claim for lumbar intervertebral disc displacement without myelopathy and diabetes mellitus, associated with an industrial injury date of June 6, 2007. Medical records from 2013 to 2014 were reviewed. The patient was being treated for gastroesophageal reflux, controlled with PPI use. She was also being treated for sleep disturbances, visual problems (status post cataract surgery on July 2013), abdominal pain, constipation, and diarrhea. Physical examination showed blood pressure of 126/84 mmHg; heart rate 79 bpm; blood glucose of 116 mg/dl (non-fasting with metformin intake). No other significant PE findings were noted. The diagnoses include diabetes mellitus; hypertension with diastolic dysfunction; hyperlipidemia/hypertriglyceridemia; constipation/diarrhea; gastritis and internal hemorrhoids per endo/colonoscopy; sleep disorder; and hypertensive/arteriosclerotic retinopathy. Treatment plan included a request for Sudoscan. Treatment to date has included NSAIDs, Prilosec, Gaviscon, Miralax, Colace, Tricor, Metformin, Glipizide, probiotics, ASA, Triamterene/HCTZ, Losartan, and endoscopy/colonoscopy. Utilization review from March 27, 2014 denied the request for Sudoscan because there was no diagnosis of neuropathy or issues of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudoscan: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Chronic Pain, Table 2, Summary of Recommendations, Chronic Pain Disorders.

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: Diabetes Technology & Therapeutics: Sudoscan, a Noninvasive Tool for Detecting Diabetic Small Fiber Neuropathy and Autonomic Dysfunction (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817891/>).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Diabetes Technology & Therapeutics was used instead. According to the literature, Sudoscan measures electrochemical skin conductance (ESC) of hands and feet through reverse iontophoresis. It is a simple, noninvasive, easy-to-perform sudomotor test recently developed to allow the measurement of sweat gland function. Sudomotor dysfunction is one of the earliest detectable neurophysiologic abnormalities in distal small fiber neuropathies. Thus, sudomotor function represents an attractive tool to evaluate the peripheral autonomic system in people with DM. Moreover, the literature discussed that the course of a diabetic sensorimotor polyneuropathy is insidious, and up to 50% of patients with neuropathy may be asymptomatic--often resulting in delayed diagnosis, reduced quality of life, and increased morbidity, mortality, and economic burden. In this case, the patient was diagnosed with diabetes mellitus since 2005. Due to the chronicity of the condition, it is pragmatic to evaluate patient for diabetic neuropathy that is otherwise insidious and asymptomatic most of the time. The medical necessity has been established. Therefore, the request for Sudoscan is medically necessary.