

Case Number:	CM14-0068969		
Date Assigned:	07/14/2014	Date of Injury:	11/16/2012
Decision Date:	08/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational 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 female with date of injury 11/16/2012. Per the doctor's first report of occupational injury or illness date not specified, the injured worker was hooking trailer to truck, slipped in rain, and hurt knee and back. She complains of back pain. Stretching helps her pain. Her pain is rated at 8/10 and constant. She had radiculopathy to bilateral upper and lower extremities. She has soreness and cramping. On exam she is in no acute distress. Cervical spine has no tenderness to palpation, no spasm. Thoracic spine has trapezius tenderness bilaterally and tenderness to palpation of T1-2 to T8-9 with myospasms. Lumbar spine has tenderness to palpation of L1 to L4-5 with myospasm of paraspinal muscles. Straight leg raise bilaterally is negative. Bilateral lower extremity strength is 5/5 and she is grossly neurologically intact. Diagnoses include lumbar spine sprain/strain, thoracic spine sprain/strain, lumbago and stress.

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 (1) Cardiovagal innervation and heart-rate variability (2) Adrenergic: beat to beat blood pressure response to Valsalva maneuver, sustained and grip, and BP and HR response to active standing & EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Diabetic Neuropathy section.

Decision rationale: Autonomic testing is not addressed by the MTUS Guidelines. The ODG states that autonomic testing is one of five tests available to diagnose diabetic neuropathy. The clinical reports provided for review do not provide substantiating information to be used to support the request for this testing. The request for cardio-respiratory/autonomic function assessment, Cardiovagal innervation and heart-rate variability and adrenergic: beat to beat blood pressure response to valsalva maneuver, sustained and grip, and BP and HR response to active standing and EKG is determined to not be medically necessary.