

<b>Case Number:</b>	CM14-0094319		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 & Rehabilitation, 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 sustained an industrial injury on 2/12/13. The patient's diagnoses include chronic low back pain, lumbar fusion, post-concussion cephalgia, hyperlipidemia, hypertension, and neck pain. The patient has been treated with anti-inflammatories, muscle relaxants, chiropractic, physical therapy, and surgery for the low back pain. The disputed request is for cardio-respiratory testing/autonomic testing. A utilization reviewer non-certified this request on the basis that the patient did not exhibit any sympathetically mediated pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cardio-Respiratory Diagnostic Testing/Autonomic Function Assessment: 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/23346153](http://www.ncbi.nlm.nih.gov/pubmed/23346153); AUTONOMIC FUNCTION TESTS: SOME CLINICAL APPLICATIONS.

**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: Cigna Healthcare Policy Statement.

**Decision rationale:** The California Medical Treatment and Utilization Schedule, Official Disability Guidelines, and ACOEM do not have guidelines regarding autonomic testing. This type of testing can actually be carried out in a variety of ways, and there is no agreed upon standard promoted by consensus guidelines. Autonomic testing can be assessed with laboratory markers or electrodiagnostic equipment. The following is from Cigna Healthcare Coverage Position: "CIGNA HealthCare does not cover current perception threshold (CPT) testing, quantitative sensory threshold (QST) testing, quantitative muscle strength testing (QMST), or quantitative sudomotor autonomic reflex testing (QSART) for any condition, as they are considered experimental, investigational or unproven." Given the lack of evidence to support this type of testing, this request is not medically necessary.