

Case Number:	CM13-0001071		
Date Assigned:	11/08/2013	Date of Injury:	04/02/1992
Decision Date:	01/29/2015	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/09/2013

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 Rehab 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 59 year old male with date of injury 04/02/92. The treating physician report dated 01/08/13 (57) indicates that the patient presents with pain affecting the neck and low back. The physical examination findings reveal tenderness in the lumbar spine, painful sitting range of motion tests, and limited range of motion in the neck due to pain. Prior treatment history includes cervical and lumbar ESI, aqua therapy, home exercise program, and medication. The current diagnoses are: 1. Central Pain Syndrome 2. Lumbar Radiculopathy 3. Classical Migraine 4. Cervicalgia 5. Lumbago 6. Insomnia The utilization review report dated 06/28/13 denied the request for AUTONOMIC NERVOUS SYSTEM TEST and SUDOSCAN based on medical necessity not being determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous system test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
ODG:<http://www.mayoclinic.org/medicalprofs/autonomic-testing-applications.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Autonomic nervous system function testing/ CRPS, diagnostic tests.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for autonomic nervous system test. The treating physician states that the patient has limited and painful range of motion. MTUS guideline do not provide information for the requested treatment. The ODG guidelines state, "Not generally recommended as a diagnostic test. There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. There should be evidence that all other diagnoses have been ruled out." In this case the treating physician, has documented that the patient has decreased range of motion. There is no discussion that the Budapest (Hardin) diagnostic criteria testing for Complex Regional Pain Syndrome (CRPS) has been performed as recommended by the ODG guidelines. The request is not medically necessary and appropriate.

Sudoscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG:
<http://www.mayoclinic.org/medicalprofs/autonomic-testing-applications.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Sudomotor axon reflex test/ CRPS, diagnostic tests.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Sudoscan. The treating physician states that the patient has had limited and painful range of motion. MTUS guideline do not provide information for the requested treatment. The ODG guidelines state, "Not generally recommended for a diagnostic test for CRPS. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. There should be evidence that all other diagnoses have been ruled out." In this case, the ODG guidelines do not support Sudoscan testing for diagnosing Complex Regional Pain Syndrome (CRPS) and there is no documentation that the Budapest (Hardin) criteria have been evaluated. The request is not medically necessary and appropriate.