

<b>Case Number:</b>	CM14-0180562		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/24/2014
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal 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 patient is an injured worker with right upper extremity complaints. Date of injury was 8/24/2014. The doctor's first report of occupational injury dated 9/22/2014 documented subjective complaints of right shoulder, right elbow, right wrist and hand pain. Regarding the mechanism of injury, the patient states that while removing packing, she felt a pop in her right hand. Objective findings were documented. Patient is right hand dominant. Blood pressure was 130/87. Pulse was 77. Right shoulder demonstrated tenderness, weakness, and positive impingement. Right wrist and hand demonstrated tenderness, positive Phalen, and decreased median nerve sensation. Right elbow demonstrated tenderness with normal range of motion. Diagnoses were right shoulder sprain strain, shoulder impingement, right elbow sprain strain, lateral epicondylitis, right wrist sprain strain, carpal tunnel syndrome, and right middle finger trigger finger. Treatment plan included a request for cardio-respiratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-Respiratory Test/Cardiovagal Innervation and heart rate variability:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic test battery Page(s): 23. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain (Chronic), Autonomic nervous system function testing, Autonomic test battery and on the Non-MTUS America Academy of Neurology (AAN), Autonomic Testing Model Coverage Policy, September 2, 2014, [https://www.aan.com/uploadedFiles/Website\\_Library\\_Assets/Documents/3.Practice\\_Management/1.Reimbursement/1.Billing\\_and\\_Coding/5.Coverage\\_Policies/14%20Autonomic%20Testing%20Policy%20v001.pdf](https://www.aan.com/uploadedFiles/Website_Library_Assets/Documents/3.Practice_Management/1.Reimbursement/1.Billing_and_Coding/5.Coverage_Policies/14%20Autonomic%20Testing%20Policy%20v001.pdf).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that autonomic test battery is a standard autonomic protocol that compared side-to-side skin temperature, resting sweat output, and quantitative sudomotor axon reflex test (QSART) measurements are sensitive and reliable tools to formulate a correct diagnosis of CRPS I and can be combined to provide an improved set of diagnostic criteria for CRPS I. Resting skin temperature (RST), resting sweat output (RSO), and quantitative sudomotor axon reflex test (QSART) are a recently developed test battery with some evidence to support its limited use in the diagnosis of CRPS-I. Official Disability Guidelines (ODG) state that autonomic test battery is not generally recommended as a diagnostic test for CRPS. Autonomic nervous system function testing is not generally recommended as a diagnostic test for CRPS. The America Academy of Neurology (AAN) Autonomic Testing Model Coverage Policy indicates that autonomic testing is a component of the clinical evaluation of patients with autonomic disorders. Cardiovagagal autonomic testing is a reliable way to measure the function of the parasympathetic, or cardiovagagal, nervous system. The American Diabetes Association (ADA) recommends that autonomic testing (including cardiovagagal testing) be performed for patients with diabetes mellitus and cardiac autonomic neuropathy. Cardiovagagal testing has been demonstrated in a number of disease states to be an early marker of autonomic parasympathetic dysfunction. Some disorders, such as amyloidosis and autoimmune autonomic ganglionopathy, preferentially affect autonomic nerve fibers. Vasomotor adrenergic autonomic testing is a method for evaluating patients with syncope, orthostatic hypotension, postural tachycardia syndrome, and postural dizziness. Such testing is sensitive, specific, and clinically useful across diseases to diagnose patients with autonomic dysfunction. Sympathetic adrenergic testing (in conjunction with cardiovagagal and sudomotor function testing) has been shown to aid in diagnosis, management, and outcomes in patients with autonomic dysfunction or syncope of unexplained cause. Medical records do not document complex regional pain syndrome CRPS I. Per MTUS, autonomic test battery is recommended for the diagnosis of CRPS I, which is not documented in the medical records. Official Disability Guidelines (ODG) indicate that autonomic test battery and autonomic nervous system function testing are not generally recommended as a diagnostic test for CRPS. No evidence of autonomic disorder is present in the medical records. Therefore, the request for Cardio-Respiratory Test/Cardiovagagal Innervation and heart rate variability is not medically necessary.