

Case Number:	CM14-0196598		
Date Assigned:	12/04/2014	Date of Injury:	01/12/2013
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 New York. 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 claimant is a 31 year old male who sustained an industrial injury on 01/12/2013. The mechanism of injury was not provided for review. His diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar disc protrusion, idiopathic peripheral autonomic neuropathy, and unspecified disorder of the autonomic nervous system. He continues to complain of neck and low back pain. On physical exam there is decreased cervical range of motion, decreased thoracic range of motion, tenderness of the lumbar paravertebral muscles, decreased lumbar range of motion, positive straight leg raise and Braggard's bilaterally 5/5 lower extremity motor strength, 2/4 lower extremity DTRs and normal sensation in the lower extremities. Treatment has consisted of medical therapy, B12 injection, and use of a TENS unit. The treating provider has requested a cardio-pulmonary autonomic functional assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory/Autonomic Functional Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed and Official Disability Guidelines (ODG)

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: Medscape Internal Medicine 2014- Autonomic Function Assessment

Decision rationale: Disturbances of the autonomic nervous system play a crucial role in the pathogenesis and clinical course of many diseases. Recently, rapid development has occurred in the clinical assessment of autonomic function. Various procedures have been described as diagnostic tools to monitor autonomic dysfunction. Most of the tests are based on evaluation of the cardiovascular reflexes triggered by performing specific provocative maneuvers. Stimuli that raise blood pressure, such as isometric exercise, cold pressor test or mental arithmetic, activate mainly sympathetic outflow. Moreover, blood pressure responses to orthostatic testing and Valsalva maneuver are in a large part a reflection of sympathetic activity. Changes in heart rate during orthostatic testing and Valsalva maneuver, as well as during deep breathing or diving reflex, reflect parasympathetic modulation. Given the complexity of the autonomic system there is no single test that precisely reflects function of a specific branch of this system. Therefore, it is not uncommon to order numerous tests based on diverse reflexes. Traditionally, batteries of autonomic tests have been introduced, with the Ewing battery being the most popular. It is widely used in diagnosis of diabetic neuropathy and it comprises Valsalva manoeuvre, response to deep breathing, orthostatic testing and isometric exercise. More recently, new techniques, such as evaluation of heart rate variability or microneurography, have been introduced as diagnostic tools. Virtually each medical specialty has worked out its own battery of tests in order to assess those aspects of autonomic functioning that are most relevant in a specific field. In this case, the medical records do not establish the clinical rationale or current clinical findings which would necessitate this type of testing. In addition, no specific test has been requested. Medical necessity for the requested item has not been established. The requested item is not medically necessary.