

<b>Case Number:</b>	CM14-0197821		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/17/1998
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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:

This sixty-nine year old male who sustained a work related injury on September 17, 1998 while working as a general laborer. The injury occurred when he was lifting a box of tar. As he twisted to the side to lower the box, he experienced severe burning in his lower back and down his right leg. A physicians' report dated May 15, 2014 notes that prior treatment has included chiropractic care, lumbar spine surgery in 2000, removal of scar tissue in the lumbar spine, date unspecified, physical therapy and diagnostic testing. The injured worker also was administered two epidural injections with no improvement. He was participating in aquatic therapy at the time of the visit. The injured worker had not worked since September 14, 1998. Complaints included generalized low back pain which radiated to the bilateral buttocks and lower extremities. Pain level was eight out of ten. The pain was relieved by pain medication and therapy. He also reported difficulty with sleeping. A physicians report dated May 23, 2014 notes that the injured worker complained of awakening at night with gasping for breath, falling asleep at inappropriate times and leg restlessness. On May 15, 2014 he underwent cardio-respiratory testing which suggested a crowded airway that would raise suspicion for obstructive sleep apnea, obstruction of the airway and/or upper airway resistance. Physical examination showed an oropharynx overbite, reddened uvula, shallow slope of the soft plate and a neck circumference size that suggested a crowded airway. Diagnoses include status-post orthopedic/psychological industrial injury, rule-out respiratory/pulmonary disease, rule-out chronic airway obstruction, rule-out Cheyne-stoke respirations and apnea, and rule-out sleep disordered breathing and rule-out obstructive sleep apnea. The treating physician requested autonomic nervous system Sudomotor testing (sudocan), to further measure the injured workers pulmonary/ respiratory functioning and abnormalities. Utilization Review evaluated and denied the request for the sudocan on October 24, 2014. Official Disability Guidelines were referenced, which do not recommend the

use of formal diagnostic tests such as sudomotor testing. Therefore, the request for a sudoscan is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Autonomic nervous system sudomotor testing (sudoscan): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic) CRPS, Diagnostic Tests.

**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, Quantitative Sensory Threshold (QST) Testing and Current Perception Threshold (CPT) Testing; CRPS, Diagnostic Tests.

**Decision rationale:** Regarding the request for one autonomic nervous system sudomotor testing (sudoscan), ODG sites that most of these formal diagnostic tests are laboratory based and not generally recommended. Tests include (1) the iontophoretic quantitative sudomotor axon reflex test (QSART), (2) the sialastic sweat imprint method, (3) the thermoregulatory sweat test (TST), (4) sympathetic skin response and related electrodermal activity, (5) sympathetic skin resistance and selective tissue conductance, (6) quantitative sensory testing (QST), (7) resting sweat output (RSO). ODG cites that this type of testing is not recommended since it is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. As such, the currently requested one autonomic nervous system sudomotor testing (sudoscan) is not medically necessary.