

Case Number:	CM15-0100356		
Date Assigned:	06/02/2015	Date of Injury:	05/13/2011
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 46 year old female, who sustained an industrial injury on May 13, 2011. She reported she fell, woke up on the floor with the right side of her head on the ground. The injured worker was diagnosed as having abdominal pain, acid reflux, constipation/diarrhea, bright red blood per rectum, nausea/vomiting, shortness of breath, and sleep disorder rule out obstructive sleep apnea. Treatment to date has included trigger point injections, CT scan, x-rays, physical therapy, MRIs, nerve conduction study (NCS), ultrasounds, an upper GI, and medication. Currently, the injured worker complains of sleeping difficulty, with improved abdominal pain with medication, improved acid reflux, and improved shortness of breath with pain and anxiety, with unchanged diarrhea. The secondary Treating Physician's report dated March 25, 2015, noted the injured worker's medications were Nexium, Gaviscon, Citrucel, Probiotics, Amitiza, Fiorinal, Meclizine, Bentyl, Mycelex troches, Theramine, Trepadone, and PrevPak. The injured worker was advised to follow a low-fat, low-acid diet, with aqua therapy to be requested by the primary treating physician. The treatment requested per UR determination was noted to be for an Autonomic Nervous System Sudomotor testing (SudoScan).

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Pain Chapter, Autonomic test battery; <https://www.aan.com/Guidelines/home/GetGuidelineContent/39> - Assessment: Clinical Autonomic Testing; and http://www.ans-hrv.com/interp_univmiami_fr.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Up-To-Date.com.

Decision rationale: This 46 year old female has complained of head pain and abdominal pain since date of injury 5/13/11. She has been treated with medications, physical therapy and trigger point injections. The current request is for Autonomic Nervous System Sudomotor Testing (SudoScan). The available medical records do not provide documentation of a condition for which autonomic nervous system testing is recommended. Additionally, there is no provider rationale documented for obtaining this testing. On the basis of the available medical records and per the guidelines cited above, Autonomic Nervous System Sudomotor Testing (SudoScan) is not medically necessary.