

<b>Case Number:</b>	CM15-0100411		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 was a 46 year old female, who sustained an industrial injury, May 13, 2011. The injured worker aliped and fell in the break room leading to multiple injuries involving the head, jaw, back, right upper extremity, right hip, and right knee. The injured worker previously received the following treatments Nexium, Gaviscon, Citrucel, Probiotics, Amitiza, Fiorinal, Meclizine, head CT scan and x-rays, physical therapy, brain MRI, Botox injections, pain management consultation, Hydrocodone, Cyclobenzaprine, acetaminophen and cardio-respiratory diagnostic testing. The injured worker was diagnosed with cervical and lumbar strain, depression, headaches, anxiety and status post right shoulder surgery, abdominal pain, constipation, gastritis, gastroesophageal reflux disease, constipation/diarrhea, bright red blood per rectum, nausea/vomiting and sleep disorder, cervical radiculopathy secondary to multilevel cervical disc disease, lumbar radiculopathy secondary to multilevel lumbar disc disease, headaches consistent with combination of cervicogenic and tension cephalgia, nausea and vomiting consistent with chronic pain syndrome and headaches, right knee pain consistent with popliteal cyst, lumbar radiculopathy confirmed by MRI. According to progress note of March 2, 2015, the injured workers chief complaint was upper gastrointestinal symptoms. The injured worker walks with a cane. The injured worker goes from several loose stools per day to constipation. The physical exam started with taking vital signs using an adult blood pressure cuff in a seated position and the blood pressure was 134/84 with a heart rate of 82 and regular. The EKG (Electrocardiography) showed normal sinus rhythm with a rate of 79, showed a left axis deviation and prolonged QT interval. The echocardiogram with Doppler analysis performed in the office which noted trace pulmonary insufficiency, trace regurgitation at the mitral and tricuspid valves, results consistent with left ventricular diastolic dysfunction. The treatment plan included adrenergic: beat to beat blood pressure response to the Valsalva maneuver, sustained hand grip and heart rate response to active standing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Adrenergic: beat to beat blood pressure (BP) response to the Valsalva maneuver, sustained hand grip, and BP and HR responses to active standing:** 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), autonomic test battery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/400\\_499/0485.html](http://www.aetna.com/cpb/medical/data/400_499/0485.html).

**Decision rationale:** Pursuant to the Aetna Clinical Policy Bulletin (#0485), adrenergic: beat to beat blood pressure response to Valsalva maneuver, sustained handgrip and blood pressure and heart rate response to active standing is not medically necessary. Aetna CBP considers autonomic testing such as pseudo-motor axon reflex test, silastic sweat imprint and thermal regulatory sweat test medically necessary for use as a diagnostic tool for any of the following conditions/disorders: amyloid neuropathy, diabetic autonomic neuropathy, distal small fiber neuropathy, idiopathic neuropathy, multiple system atrophy, pure autonomic failure, reflex sympathetic dystrophy or causalgia, and Sjogren's syndrome. Aetna considers autonomic testing experimental and investigational for all other indications. For details see the attached link. In this case, the injured worker's working (medical) diagnoses are abdominal pain, acid reflux, constipation/diarrhea, bright red blood per rectum, nausea/vomiting, shortness of breath, and sleep disorder. There is no documentation of a causal relationship involving these medical problems to the industrial injury. The date of injury is May 13, 2011. The request for authorization is dated April 24, 2015. The most recent progress note in the medical record is dated March 25, 2015. There is no contemporaneous progress note on or about the date of request for authorization. The most recent progress note dated March 25, 2015 does not contain a clinical indication or rationale for autonomic testing. The request for adrenergic: beat to beat blood pressure response to Valsalva maneuver, sustained handgrip and blood pressure and heart rate response to active standing is not contained in the medical record documentation. Consequently, absent clinical documentation with a clinical indication and rationale for adrenergic: beat to beat blood pressure response to Valsalva maneuver, sustained handgrip and blood pressure and heart rate response to active standing, adrenergic: beat to beat blood pressure response to Valsalva maneuver, sustained handgrip and blood pressure and heart rate response to active standing is not medically necessary.