

<b>Case Number:</b>	CM15-0100525		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/10/2015	<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: 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 63 year old female, who sustained an industrial injury on 5/13/2011. She reported a slip and fall with loss of consciousness, dizziness, and pain in the right shoulder, elbow, hip, and bruised ribs. Diagnoses include cervical strain, lumbar strain, disc protrusion, gastric reflux, constipation, depression and anxiety, status post right shoulder surgery. Treatments to date include medication management, physical therapy, trigger point injections and epidural steroid injections. Currently, she complained of pain throughout the spine with difficulty moving the arms and tingling in the feet, TMJ, frequent falling, IBS, and headaches and vision problems. She was pending approval/schedule of Botox injections. On 4/14/15, the physical examination documented limited range of motion in cervical and lumbar spines. There were balance problems due to difficulty with right arm. The plan of care included continuation of medication regime, referral follow up for TMJ and an MRI was still pending. The request was for cardio-respiratory autonomic function assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-respiratory/autonomic function assessment:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 63 year old female has complained of right shoulder pain, hip pain, elbow pain and neck pain since date of injury 5/13/11. She has been treated with surgery, trigger point injections, epidural steroid injections and medications. The current request is for cardio-respiratory/autonomic function assessment. The available medical records do not contain documentation of a condition or diagnosis for which cardio-respiratory/autonomic function assessment is indicated. Additionally, there is inadequate documentation of provider rationale for obtaining this testing. On the basis of the available medical records and per the guidelines cited above, cardio-respiratory/autonomic function assessment is not indicated as medically necessary.