

Case Number:	CM15-0135998		
Date Assigned:	07/27/2015	Date of Injury:	03/24/2015
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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 is a 20 year old male who sustained an industrial injury on 03-24-2015 when he fell approximately 6 feet into a pit landing on his feet and hitting his head against the framing. There was no loss of consciousness. The injured worker was diagnosed with cervical sprain and strain with spasm, lumbar sprain and strain with spasm, sleep disturbance and left knee sprain and strain with myalgia. Treatment to date has included diagnostic testing, chiropractic therapy, physical therapy, extracorporeal shockwave therapy procedure #1 on June 24, 2015 to the lumbar spine and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience moderate intermittent neck and knee pain and frequent moderate low back pain. Examination of the cervical spine noted tenderness to palpation of the cervical paravertebral muscles with full range of motion. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles with spasm and full range of motion. Current medications are listed as Acetaminophen, Orphenadrine and Etodolac ER. Treatment plan consists of magnetic resonance imaging (MRI) of the lumbar spine, cervical spine and left knee, Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities, extracorporeal shockwave therapy for the lumbar and cervical spine and the current retrospective request for Cardio-Respiratory Testing - Autonomic Function Assessment: Cardiovagal Innervation, Vasomotor Adrenergic Innervation (DOS: 04/09/2015) and retrospective: Peripheral Autonomic Function Assessment - Sudomotor and Sympathetic Skin Response (DOS: 04/09/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cardio-Respiratory Testing - Autonomic Function Assessment: Cardiovagal Innervation, Vasomotor Adrenergic Innervation (DOS: 04/09/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23931777> - Testing the autonomic nervous system.

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/800_899/0825.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin (#0825), cardiorespiratory testing to include autonomic functional assessment, cardiovagal innervation, vasomotor adrenergic innervation date of service April 9, 2015 is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in the enumerated conditions (see attached link) after performance of standard testing including echocardiography and pulmonary function testing with measurement of diffusion passively and measurement of oxygen desaturation (six minute walk test): development of exercise prescription to determine intensity of exercise training in cardiac and pulmonary rehab programs; differentiated cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea evaluate exercise capacity and response to therapy in individuals with chronic heart failure who are being considered for heart transplantation or other advanced therapies; etc. In this case, the injured worker's working diagnoses are cervical muscle spasm; cervical sprain strain; lumbar muscle spasm; lumbar sprain strain; left knee myalgia; and left knee sprain strain. The date of injury is March 24, 2015. Requests for authorization is June 4, 2015 by the internal medicine provider. There is no documentation in the medical record by the internal medicine provider. There are no subjective complaints and objective clinical findings with an assessment, clinical discussion, clinical indication or rationale for cardiorespiratory testing. There are no clinical facts meeting criteria in the body of medical record for cardiorespiratory testing. The worker is a 20-year-old with no past medical history, normal vital signs and, as noted above, no clinical indication for cardiorespiratory testing. Based on clinical information the medical records, peer-reviewed evidence-based guidelines and absent documentation from the requesting provide, cardiorespiratory testing to include autonomic functional assessment, cardiovagal innervation, vasomotor adrenergic innervation date of service April 9, 2015 is not medically necessary.

Retrospective: Peripheral Autonomic Function Assessment - Sudomotor and Sympathetic Skin Response (DOS: 04/09/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23931777> - Testing the autonomic nervous system.

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.

Decision rationale: Pursuant to the Aetna clinical policy bulletin, retrospective peripheral autonomic functional assessment, sudomotor and sympathetic skin response, date service April 9, 2015 is not medically necessary. Aetna considers autonomic testing such as quantitative sudomotor axon reflex test as a useful diagnostic tool for amyloid neuropathy, diabetic autonomic neuropathy, distal small fiber, idiopathic neuropathy, multiple system atrophy, postural tachycardia syndrome, pure autonomic failure, recurrent unexplained syncope; reflex sympathetic dystrophy or causalgia, and Sjogren's syndrome. Aetna considers autonomic testing experimental and investigational for all other conditions. In this case, the injured worker's working diagnoses are cervical muscle spasm; cervical sprain strain; lumbar muscle spasm; lumbar sprain strain; left knee myalgia; and left knee sprain strain. The date of injury is March 24, 2015. Requests for authorization is June 4, 2015 by the internal medicine provider. There is no documentation in the medical record by the internal medicine provider. There are no subjective complaints and objective clinical findings with an assessment, clinical discussion, clinical indication or rationale for peripheral autonomic functional assessment, sudomotor and sympathetic pain response. There are no clinical facts meeting criteria in the body of medical record for peripheral autonomic functional assessment, sudomotor and sympathetic pain response. The worker is a 20-year-old with no past medical history, normal vital signs and, as noted above, no clinical indication for peripheral autonomic functional assessment, sudomotor and sympathetic pain response. Based on clinical information the medical records, peer-reviewed evidence-based guidelines and absent documentation from the requesting provide, peripheral autonomic functional assessment, sudomotor and sympathetic skin response, date of service April 9, 2015 is not medically necessary.