MAXIMUS Federal Services

Case Number:	CM15-0138194		
Date Assigned:	07/28/2015	Date of Injury:	06/07/2013
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 58-year-old male, who sustained an industrial injury on 06-07-2013, secondary to performing his usual and customary work activities as a driver resulting in low back and neck injuries. On provider visit dated 06-15-2015 the injured worker has reported neck and low back pain and loss of sleep due to pain. On examination of the cervical spine revealed tenderness and guarding upon palpation of the cervical paraspinal extending to bilateral upper trapezius muscles. In addition, range of motion was noted as restricted. Lumbar spine was noted as tenderness and muscle guarding upon palpation of the paraspinal muscles bilaterally, tenderness over the spinous processes from L4-S1. Positive Kemp's, Yeoman's, Braggard's and iliac compression signs were noted and range of motion was noted as restricted. The diagnoses have included multilevel cervical disc protrusion, cervical radiculopathy, cervical sprain-strain, multileveled lumbar disc protrusion, lumbar radiculopathy and lumbar sprain-strain. Treatment to date has included trigger point injections, lumbar epidural steroid injections. The provider requested retrospective sudo scan DOS 02-17-2015 and retrospective autonomic functions assessment-cardio function assessment DOS 02-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sudo Scan DOS 2-17-15: 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 Section, 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) diagnostic tests.

Decision rationale: Guidelines state that there is no gold standard test for the diagnosis of complex regional pain syndrome and Sudomotor measures are not recommended. In this case, there is insufficient information regarding the signs and symptoms pertaining to complex regional pain syndrome. The request for Sudo Scan DOS 2/17/15 retrospective is not medically necessary.

Retrospective Autonomic Function Assessment -Cardio Function Assessment, DOS 2-17-15: 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 Section, 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) diagnostic tests.

Decision rationale: Guidelines state that there is no gold standard test for the diagnosis of complex regional pain syndrome and Autonomic function assessment-cardio function assessment tests are not recommended. In this case, there is insufficient information regarding the signs and symptoms pertaining to complex regional pain syndrome. The request for retrospective autonomic function assessment-cardio function assessment is not medically necessary.