

<b>Case Number:</b>	CM15-0143255		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on July 25, 2006, incurring low back and neck injuries. She underwent lumbar spine surgery. Treatment included pain management, physical therapy, and home exercise program and activity restrictions. Currently, the injured worker complained of ongoing neck pain with lifting and low back pain with radiation into the bilateral lower extremities and sciatica. She noted poor sleep, depression and chest pain. The injured worker had a history of diabetes, hypertension, and gastritis and currently laboratory testing revealed elevated blood glucose levels. The treatment plan that was requested for authorization included a Sudoscan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), Diabetes, Sudoscan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (autonomic testing).

**Decision rationale:** CA MTUS/ACOEM does not address Sudoscan testing. This testing measures electrochemical skin conductance of the hands and feet through reverse iontophoresis. It measures sweat gland functioning and can detect small fiber neuropathy. It is useful in evaluating the peripheral autonomic nervous system in people with diabetes. In the case the patient has a "history of diabetes," however there is a lack of clinical information relating to the diabetes to support this request. No subjective or objective findings relating to the diabetes are available to corroborate the presence of diabetic peripheral neuropathy to warrant a Sudoscan. Therefore the request is deemed not medically necessary.