

<b>Case Number:</b>	CM15-0149242		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/12/2000
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, Texas

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 46-year-old male, who sustained an industrial injury on 07-12-2000. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-26-2015 the injured worker has reported neck pain, lower back pain and difficulty falling asleep. On examination of the cervical spine revealed tenderness to palpation and muscle guarding bilaterally. Spurling test, extension compression test and shoulder depressor test were positive on both sides. Range of motion was decreased with pain and spasm noted. Lumbar spine revealed tenderness to palpation in paraspinal and spasm bilaterally at levels L3-L4, L4-L5, L5-S1 and S1. The diagnoses have included cervical spine multiple disc bulge, lumbar spine multilevel disc bulge, osteoarthritis of left hip, thoracic sprain and thoracic spine disc bulge. Treatment to date has included urinalysis and medication. The provider requested retrospective request (DOS 6/16/2015) for UDT (urine drug test) and retrospective request (DOS 6/16/2015) for autonomic nervous system (ANS) and sudoscan testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 6/16/2015) for UDT (urine drug test): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing; Opioids, Steps to avoid misuse/addiction Page(s): 78, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned that the patient is misusing or abusing narcotic medications. The medical necessity for urine toxicology is not made.

**Retrospective request (DOS 6/16/2015) for Autonomic nervous system (ANS) and sudoscan testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield, Autonomic Nervous System Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com Aetna.com.

**Decision rationale:** The MTUS is silent regarding the use of sudomotor axon reflex testing. According to UpToDate.com, peripheral autonomic nerve dysfunction may be manifest as changes in the texture of the skin, itching, edema, venous prominence, callus formation, loss of nails, and sweating abnormalities of the feet. The loss of sympathetic vascular innervation results in high peripheral blood flow through arteriovenous shunts and abnormal local reflex vascular control. Peripheral autonomic neuropathy may be a contributing factor for the development of foot ulceration, and may contribute to several other abnormalities such as aching, pulsation, tightness, cramping, dry skin and pruritus, peripheral edema, and the development of Charcot arthropathy. Sudomotor axon reflex testing is used in such diseases as Diabetes Mellitus. According to Aetna guidelines, autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) 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. Postural tachycardia syndrome-Pure autonomic failure. Recurrent, unexplained syncope. Reflex sympathetic dystrophy or causalgia (sympathetically maintained pain). Sjogren's syndrome. Autonomic testing is considered experimental and investigational for all other indications (e.g., chronic fatigue syndrome/myalgic encephalomyelitis, Raynaud phenomenon, and predicting foot ulcers) because its effectiveness for indications other than the ones listed above has not been established. In this case, the documentation does not support that the patient has a diagnosis that would qualify for sudomotor axon reflex testing. The testing of the ANS with sudomotor axon reflex test is not medically necessary.