

Case Number:	CM15-0161624		
Date Assigned:	08/27/2015	Date of Injury:	05/09/2014
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 9, 2014. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve requests for a sudoscan, autonomic nervous system testing (ANS), and SphygmoCor testing. A July 27, 2015 RFA form and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of knee pain reportedly associated with an industrial sprain injury. Physical therapy, acupuncture, and a knee brace were endorsed. The claimant was given work restrictions, which the treating provider suggested the claimant's employer was unable to accommodate. In an earlier note dated May 12, 2015, the claimant was given diagnosis of knee sprain versus knee internal derangement. The applicant was placed off of work, on total temporary disability. On March 10, 2015, the applicant was again given diagnosis of knee sprain versus knee internal derangement. Tramadol, naproxen, Protonix, and topical compounds were endorsed. The applicant's work status was not detailed. On July 27, 2015, the applicant underwent a sudoscan test and autonomic nervous system testing. The results of the same were highly templated, not clearly reported, and reportedly suggestive of a small fiber neuropathy. Cardiorespiratory testing was also performed. The results of the same, however, were not clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.mayoclinic.org/medicalprofs/autonomic-testing-applications.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Autonomic test battery.

Decision rationale: No, the request for autonomic nervous system testing was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that autonomic testing can be employed in combination with quantitative pseudomotor testing to formulate a correct diagnosis of complex regional pain syndrome, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. There was no mention of the applicant's carrying a diagnosis of complex regional pain syndrome or suspected diagnosis of complex regional pain syndrome on either the July 27, 2015 office visit at issue or earlier progress notes throughout 2015. The diagnoses given on multiples dates, including on July 8, 2015, were knee strain versus knee internal derangement. It did not appear that the applicant's presentation was suggestive or evocative of complex regional pain syndrome. The results of the test in question were, furthermore, not clearly stated. It did not appear that the test results appreciably influenced or alter the treatment plan. Therefore, the request was not medically necessary.

Sudoscan: 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/pmc/articles/PMC3817891/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Autonomic test battery. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, SudoScan.

Decision rationale: Similarly, the request for a sudoscan, i.e., a form of autonomic nervous system testing, was likewise not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that autonomic nervous testing to include a quantitative sudomotor axon reflex test can be employed to help in formulating the diagnosis of complex regional pain syndrome (CRPS), here, however, there was no mention of the applicant's having issues with CRPS or suspected CRPS as of the date(s) in question, July 8, 2015 and July 27, 2015. ODGs Diabetes Chapter SudoScan topic likewise notes that sudoscan testing is not recommended in the diabetes context as there is a paucity of evidence documenting how autonomic testing such as the sudoscan can change management or impact treatment in clinical disorders such as diabetes. Here, there was no mention of the applicant's carrying a diagnosis or suspected diagnosis of diabetes mellitus (DM), it was further noted. A clear rationale for the testing in question was not furnished. Therefore, the request was not medically necessary.

SphygmoCor testing: 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/putmed/21976274>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Autonomic test battery. Decision based on Non-MTUS Citation
<http://www.atcormedical.com/sphygmocor.html> SphygmoCor Technology. The SphygmoCor family of products provides tools for non-invasive assessment of the cardiovascular system, focused on central blood pressures, measures of arterial stiffness and autonomic function.

Decision rationale: Finally, the request for SphygmoCor testing was likewise not medically necessary, medically appropriate, or indicated here. SphygmoCor testing, per the product description, represents a means of measuring arterial stiffness and autonomic function. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that autonomic nervous system testing is recommended in conjunction with quantitative sudomotor axon reflex testing to assist in formulating the diagnosis of complex regional pain syndrome, here, however, neither the July 8, 2015 progress note nor the July 27, 2015 test report made any mention of the applicant's carrying a diagnosis or suspected diagnosis of complex regional pain syndrome (CRPS) which the SphygmoCor testing in question would have been indicated. Knee sprain and knee internal derangement appeared to be the sole items on the different diagnosis list. It was now clearly stated how or why said SphygmoCor test was being performed. Therefore, the request was not medically necessary.