MAXIMUS Federal Services

| Case Number: | CM15-0184401 | | |
|---|---|---|---|
| Date Assigned: | 09/24/2015 | Date of Injury: | 02/04/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

## 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
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:

This is a 48 year old male whose date of injury was February 4, 2013. Medical documentation (7-22-15) indicated the injured worker was treated for chemical exposure, shortness of breath, chest pain, abdominal pain, diabetes, sleep disorder, rule out bronchitis, hyperlipidemia, and elevated blood pressure. He reported improved chest pain and unchanged diabetes (7-22-15). He did not have the medication for his lung in over one month (4-1-15, 4-29-15, 7-22-15). He reported uncontrolled coughing blood and wheezing. Objective findings included clear lungs with no rales or wheezing. There was no dullness to percussion. He had a regular heart rate and rhythm with no rubs or gallops. His abdomen was soft with normal bowel sounds. He had no clubbing, cyanosis or edema of the extremities. Treatment recommendations included cardio-resp test, Sudoscan, kidney ultrasound and medications to include Crestor, Metformin, Novolog Pen and Levemir. A request for authorization for cardio-resp test and Sudoscan was received on August 10, 2015. On August 21, 2015, the Utilization Review physician determined cardio-resp test and Sudoscan were not medically necessary based on Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-resp test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Cardiopulmonary exercise testing (CPET) has become an important clinical tool to evaluate exercise capacity and predict outcome in patients with heart failure and other cardiac conditions. It provides assessment of the integrative exercise responses involving the pulmonary, cardiovascular and skeletal muscle systems, which are not adequately reflected through the measurement of individual organ system function. CPET is being used increasingly in a wide spectrum of clinical applications for evaluation of undiagnosed exercise intolerance and for objective determination of functional capacity and impairment. In this case, there are no documented objective findings and there are is no specific indication for the requested cardio-pulmonary testing. Medical necessity for the requested study is not established. The requested study is 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 Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** The autonomic nervous system controls and regulates the internal organs without any conscious recognition or effort. The autonomic nervous system comprises two antagonistic sets of nerves, the sympathetic and parasympathetic nervous systems. When stimulated, the sympathetic nerves prepare the organism for stress by increasing the heart rate, increasing blood flow to the muscles, and decreasing blood flow to the skin. The nerve fibers of the parasympathetic nervous system are primarily the cranial nerves, the vagus nerve, and the sacral spinal nerves. When stimulated, the parasympathetic nerves increase digestive secretions and reduce the heartbeat. The tests of autonomic nervous system function include quantitative sudomotor axon reflex test (QSART), the thermoregulatory sweat test (TST), silastic sweat imprint, sympathetic skin response (SSR), and quantitative direct and indirect reflex test of sudomotor function (QDIRT), or SudoScan. In this case, there is no specific indication for autonomic nervous system testing. There is no documentation indicating how this test would help manage the patient's clinical symptoms related to his work related injuries. Medical necessity for the requested test is not established. The requested test is not medically necessary.