

<b>Case Number:</b>	CM15-0189162		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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  
 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 24 year old male who sustained an industrial injury on February 26, 2015. A follow up visit dated August 07, 2015 reported current medications consisting of: Flexeril, Omeprazole, and Ibuprofen. Treatment recommendations included: deferring to primary care for treatment with ultrasound and course of physical therapy session. This is not a cardiopulmonary condition, in terms of the etiology. The worker is found experiencing insomnia that is psychogenic and he does require psychological evaluation and possible treatment with recommendation for Ambien. The initial report of illness dated June 30, 2015 reported the following diagnoses applied to the visit: right hand and finger pain, status post amputation of distal 3rd and 4th fingers; right elbow strain and sprain; right shoulder strain and sprain; chest pain, and anxiety and stress. Primary treating follow up dated June 30, 2015 reported presenting complaints of: head, chest, right shoulder, right elbow, forearm, wrist, hand, and fingers with pain along with anxiety, depression and insomnia. The worker is not taking medications at this time. On August 19, 2015 a request was made for an autonomic psychological evaluation that was noncertified by Utilization Review on August 25, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autonomic Nervous System Evaluation, for Management of Symptoms Related to Upper Extremities As An Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** As per MTUS guidelines, autonomic testing is recommended in attempt to workup diagnosis of CRPS 1. Provider has failed to document any exam findings beside pain consistent with the diagnosis. Provider has failed to document rationale or justification for this test. The request is not medically necessary.