

Case Number:	CM15-0195779		
Date Assigned:	10/09/2015	Date of Injury:	12/26/2013
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, 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:

The injured worker is a 49 year old male with an industrial injury dated 12-26-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis with left L5 radiculopathy , status post decompression and fusion at L4-5 on 08-05-2014 and cervicobrachial syndrome left (thoracic outlet syndrome neuromuscular). According to the progress note dated 07-14-2015, the injured worker reported low back pain, upper back pain and shoulder arm pain. Pain level was 7-8 out of 10 for lower back and legs pain on a visual analog scale (VAS). Pain level was 4 out of 10 for shoulder, lower neck, arm and upper back on a visual analog scale (VAS). Objective findings (07-14-2015) were noted to be unchanged from previous visit. Treatment has included X-ray of lumbosacral spine on 8-24-2015, Magnetic Resonance Imaging (MRI), Electromyography (EMG), nerve conduction studies (NCS), prescribed medications, chiropractic care, physical therapy, injection, surgery, crutches, and periodic follow up visits. The treatment plan included durable medical equipment, aqua physical therapy, ANS (autonomic nervous system) test, x-ray, trigger point injections, and orthopedic consultation post x-ray completion. In a progress report dated 08-17-2015, the injured worker reported neck pain, low back pain and left shoulder pain. Physical exam (08-17-2015) revealed tenderness to palpitation with spasm and muscle guarding at the left trapezius, sternocleidomastoid and strap muscles. Lumbar spine exam (08-17-2015) revealed tenderness with the paralumbar musculature, mild discomfort of the bilateral sacroiliac (SI), decreased range of motion secondary to pain and positive left straight leg raises. Sensation was mildly decreased on the left

along the L5-S1 dermatomes. The treating physician prescribed services for CMAP (Comprehensive Muscular Activity Profile) testing and ANS (autonomic nervous system) testing, now under review. The utilization review dated 09-24-2015, non-certified the request for CMAP (Comprehensive Muscular Activity Profile) testing and ANS (autonomic nervous system) testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMAP testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic, <http://www.bcbsms.com/bcbsms/apps/policysearch/views/viewpolicy.php?noprint>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Flexibility.

Decision rationale: Pursuant to the Official Disability Guidelines, comprehensive muscular activity profiler (CMAP) testing is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are lumbar spinal stenosis with left L5 radiculopathy; status post decompression and fusion at L4 - L5 (failed surgical syndrome); and cervicobrachial syndrome left (thoracic outlet syndrome neuromuscular). Date of injury is December 26, 2013. Request for authorization is September 17, 2015 referencing a July 14, 2015 order. According to the July 14, 2015 progress note, the injured worker has ongoing low back pain and bilateral leg pain 8/10. Additional complaints include neck, arms and upper back pain 4/10. The injured worker received medications, chiropractic treatment, physical therapy and surgery. Objectively, there is cervical and lumbar tenderness to palpation with decreased range of motion. Range of motion left shoulder is normal. The treating provider requested an ANS (autonomic nervous system test and CMAP testing. There is no clinical discussion, indication or rationale for CMAP testing in the medical record documentation. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for CMAP testing and no clinical discussion, indication or rationale, comprehensive muscular activity profiler (CMAP) testing is not medically necessary.

ANS (autonomic nervous system) testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.aetna.com/cpb/medical/data/400_499/0485.htmlhttp://www.aetna.com/cpb/medical/data/800_899/0825.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin (#0825), ANS (autonomic nervous system testing) is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in the enumerated conditions (see attached link) after performance of standard testing including echocardiography and pulmonary function testing with measurement of diffusion passively and measurement of oxygen desaturation (six minute walk test): development of exercise prescription to determine intensity of exercise training in cardiac and pulmonary rehab programs; differentiated cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea evaluate exercise capacity and response to therapy in individuals with chronic heart failure who are being considered for heart transplantation or other advanced therapies; etc. Aetna considers autonomic testing such as quantitative sudomotor axon reflex test as a useful diagnostic tool for amyloid neuropathy, diabetic autonomic neuropathy, distal small fiber, idiopathic neuropathy, multiple system atrophy, postural tachycardia syndrome, pure autonomic failure, recurrent unexplained syncope; reflex sympathetic dystrophy or causalgia, and Sjogren's syndrome. Aetna considers autonomic testing experimental and investigational for all other conditions. In this case, the injured worker's working diagnoses are lumbar spinal stenosis with left L5 radiculopathy; status post decompression and fusion at L4 - L5 (failed surgical syndrome); and cervicobrachial syndrome left (thoracic outlet syndrome neuromuscular). Date of injury is December 26, 2013. Request for authorization is September 17, 2015 referencing a July 14, 2015 order. According to the July 14, 2015 progress note, the injured worker has ongoing low back pain and bilateral leg pain 8/10. Additional complaints include neck, arms and upper back pain 4/10. The injured worker received medications, chiropractic treatment, physical therapy and surgery. Objectively, there is cervical and lumbar tenderness to palpation with decreased range of motion. Range of motion left shoulder is normal. The treating provider requested an ANS (autonomic nervous system test and CMAP testing). There is no clinical rationale for ANS testing in the medical record. Additionally, the injured worker does not meet the criteria under the Aetna Clinical Policy Bulletin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non- recommendations based on the Aetna clinical policy bulletin guidelines, ANS (autonomic nervous system testing) is not medically necessary.