

<b>Case Number:</b>	CM15-0198942		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 68 year old male with a date of injury on 02-20-2009. The injured worker is undergoing treatment for cervical radiculitis and cervical strain and sprain. A physician progress note dated 09-16-2015 documents the injured worker complains of moderate, 7 out of 10 neck pain, and heaviness and tingling radiating to the shoulders, associated with prolonged looking up, prolonged looking down and prolonged overhead reaching. Left upper extremity has shakiness. He has full cervical range of motion. There is tenderness to palpation of the cervical paravertebral muscle. Cervical compression causes pain. "Autonomic Function Assessment testing is being ordered. The patient's cardiac and respiratory autonomic nervous system functioning and screen is requested for any signs of symptoms arising out of the industrial injury that are known, with reasonable medical probability, to be influenced or aggravated by autonomic imbalance and dysfunction. During an injurious event, the nervous system provides a biological defensive response to autonomic, endocrine and immune processes. Imbalanced cardiac and respiratory autonomic function reduces the body's ability to heal and may lead to chronic traumas." The injured worker recently performed a Cardio-Respiratory ANS test, which showed that the patient has autonomic nervous system dysfunction, and may be at risk for developing various conditions such as hypertension, cardiac dysfunction and diabetes. He is not working. Treatment to date has included diagnostic studies, medications, massage, acupuncture, chiropractic sessions and physical therapy. Medications include Diclofenac, Protonix and Tramadol. On 10-01-2015 Utilization Review non-certified the request for Adrenergic beat to beat BP response to Valsalva maneuver, sust hand grip, BP/HR resp to active standing, Cardio-respiratory/autonomic function assessment:

Cardiovagal innervation and heart rate variability and EKG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cardio-respiratory/autonomic function assessment: cardiovagal innervation and heart rate variability:** 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/pubmed/23346153>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phillip A. Low, et. al. Autonomic Function Tests: Some Clinical Applications. J Clin Neurol. 2013 Jan; 9(1): 1-8. Published online 2013 Jan 3. doi: 10.3988/jcn.2013.9.1.1PMCID: PMC3543903.

**Decision rationale:** The MTUS Guidelines do not discuss the use of autonomic function testing. Another recent article will be referenced from the Journal of Clinical Neurology which discussed which states that there are many types of autonomic function testing, some better than others, but all requires a close working of clinical assessments and careful interpretation of the results as they are not without error. The conditions for which this type of testing in general might be considered include distal small fiber neuropathy, generalized autonomic failure, selective autonomic failure, synucleinopathies, and orthostatic intolerance. In the case of this worker, these tests were recommended in order to rule out any preexisting condition outside of what might be considered related to the injuries. However, there was no clinical clues, which would justify any testing as these tests, are not recommended to be used as general screening tools, but only to confirm a suspicion based on clinical evidence, for which there was none in the notes provided. Therefore, this request for cardio-respiratory/autonomic function assessment: cardiovagal innervation and heart rate variability will be considered medically unnecessary.

**Adrenergic beat to beat BP resp to Valsalva maneuver, sust hand grip, BP/HR resp to active standing:** 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/pubmed/23346153>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phillip A. Low, et. al. Autonomic Function Tests: Some Clinical Applications. J Clin Neurol. 2013 Jan; 9(1): 1-8. Published online 2013 Jan 3. doi: 10.3988/jcn.2013.9.1.1PMCID: PMC3543903.

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**EKG:** 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/PMC1292814>.

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

**Decision rationale:** The MTUS Guidelines are silent regarding electrocardiograms. The ODG states that only when preceding a high cardiovascular risk surgery would this test be recommended. Electrocardiograms can help to identify abnormal rhythms and other heart conditions, but should be based on physical findings and not used as a universal screening tool. In the case of this worker, the provider ordered an EKG as part of a screening to rule out preexisting conditions outside of the injuries, which is not appropriate or medically necessary. Also, there was no found clinical findings which would help to justify this test.