

Case Number:	CM15-0204938		
Date Assigned:	10/21/2015	Date of Injury:	10/06/2009
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 66 year old male injured worker suffered an industrial injury on 10-6-2009. The diagnoses included hypertension, possible industrial aggravation and diabetes, possible industrial aggravation. On 8-24-2015 the treating provider reported pain in the neck, low back, head and shoulders. The injured worker noted a history of high blood pressure and feelings of depression, stressed and loss of sleep secondary to injury, the injured worker noted difficulty ascending, descending ramps, stairs and rising from seated positions. There was difficulty using upper extremities above the shoulder level with numbness and tingling with pain rated 8 out of 10. The provider did not indicate clinical rationale for the requested treatment. Diagnostics included Sudoscan 3-18-2015. The Utilization Review on 9-23-2015 determined non-certification for ANS (Autonomic Nervous System) and-or SUDO.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANS (Autonomic Nervous System) and/or SUDO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (updated 09/10/2015), Online Version, Sudoscan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter.

Decision rationale: Based on ODG guidelines, sudomotor axon reflex testing is not generally recommended as a diagnostic test for CRPS. In this case, the patient suffers from chronic pain and is status post cervical fusion at C3-C4. There is no clear indication or rationale noted for use of sudomotor axon reflex test. Therefore, based on ODG guidelines and the information in this case, the request for Autonomic Nervous System and/or SUDO is not medically necessary.