

Case Number:	CM15-0205753		
Date Assigned:	10/22/2015	Date of Injury:	08/08/2011
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 54 year old male, who sustained an industrial injury on 8-8-11. The injured worker was being treated for lumbar myospasms, lumbar radiculitis, lumbar sprain-strain, right shoulder sprain-strain and left shoulder sprain-strain. On 6-12-15, the injured worker reports acupuncture has continued to help decrease low back pain, right shoulder pain and left shoulder pain. He is currently not working. Physical exam performed on 6-12-15 revealed slight tenderness on palpation of lumbar spine and paraspinal muscles, tenderness of lumbar paravertebral muscles and spinous process, right shoulder tenderness, posterior right shoulder and trapezius tenderness and slight tenderness on palpation of left shoulder with tenderness to palpation of posterior shoulder and trapezius. MRI of cervical spine performed on 9-22-14 revealed C2-3 degenerative disc disease and C4-5 degenerative disc disease. MRI of lumbar spine performed on 5-30-15 revealed 2-3 mm broad based disc bulge with left paracentral prominence causing minimal left lateral recess narrowing. Treatment to date has included acupuncture, physical therapy and activity modifications. A referral was made dated 8-31-15 for ANS testing. On 9-30-15 request for ANS testing was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Auto Nervous System (ANS) 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, Pain Chapter, Online Version, Autonomic nervous system function testing; <http://www.ncbi.nlm.nih.gov/pubmed/15088262>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stevens MJ. Diabetic autonomic neuropathy. Topic 5285, version 13.0. UpToDate, accessed 12/06/2015.

Decision rationale: The autonomic nervous system involves the nerves that control the body's organs. The MTUS Guidelines are silent on this issue. There are several tests that look at sweat gland function as a way of looking at the overall state of this part of the nervous system. There is limited research to support this type of testing. The submitted and reviewed records indicated the worker was experiencing problems sleeping and mid- and lower back pain that went into the legs with spasms, numbness, and weakness. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not specify which tests of the autonomic system were needed or when they were done, which prevents a determination of medical need. For these reasons, the current request for unspecified autonomic nervous system testing for an unspecified date in the past is not medically necessary.