

Case Number:	CM15-0208459		
Date Assigned:	10/27/2015	Date of Injury:	11/04/2013
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
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 57 year old male, who sustained an industrial injury on 11-4-13. The injured worker has complaints of cervical spine pain with a pain level of 7 to 8 out of 10 with medications; lumbar spine pain with a pain level of 9.5 out of 10 with medications; right knee pain with pain level 9 out of 10 with medications and left knee pain with pain level 9 out of 10 with medications. Cervical spine; lumbar spine and right and left knee range of motion is decreased. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included Functional Capacity Evaluation; norco; prilosec and fioricet. The original utilization review (9-24-15) non-certified the request for cardio-respiratory diagnostic (Automatic Function Assessment) every three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory diagnostic (Automatic Function Assessment) every three months:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Automatic nervous system function testing.

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

Decision rationale: CA MTUS/ACOEM are silent regarding Autonomic Function Assessment (AFA). ODG states, "Not generally recommended as a diagnostic test for Chronic Regional Pain Syndrome. AFA may be indicated with conditions such as unexplained loss of consciousness, orthostatic hypotension or postprandial hypotension. This patient has chronic cervical and lumbar pain and knee pain. Within the documentation submitted for review, there is no rationale given for an AFA. Thus, due to lack of information, the request is not medically necessary or appropriate.