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| Case Number: | CM15-0210957 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 05/19/2015 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/26/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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 59 year old male, who sustained an industrial injury on 5-19-15. The injured worker has complaints of intermittent left ring finger pain that radiates up into his forearm that is aggravated with repetitive flexion, grasping, gripping, pushing, pulling and when opening jars and bottles. The injured worker complains of numbness, tingling sensation, weakness and loss of grip. The documentation on 9-29-15 noted that the injured worker at rest presents with normal heart rate and high blood pressure; normal sympathetic modulation; normal parasympathetic modulation; high sympathovagal balance suggesting possible sympathetic dominance that may be associated with hypertension, pain, anxiety, sleep apnea, diabetes or heart disease. During the deep breathing and Valsalva phases the injured worker presents with low parasympathetic response to deep breathing suggesting possible autonomic dysfunction; low sympathetic response to Valsalva suggesting possible autonomic dysfunction and normal parasympathetic response to Valsalva. On standing the injured worker presents with low sympathetic response to stand suggesting possible sympathetic withdrawal and a possible risk. Of orthostatic there was normal parasympathetic response to stand; normal increase in systolic blood pressure and normal heart rate response. The documentation noted overall abnormal responses to autonomic challenges suggest autonomic dysfunction. The injured worker scored 76 on the autonomic nervous system questionnaire. The diagnoses have included abdominal pain; partial amputation of left ring finger and hypertension. The original utilization review (10- 26-15) non-certified the request for cytochrome P450 enzyme family (CYP450) pharmacological assay for medication therapy management x1 and autonomic nervous system (ANS) evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP450 pharmacological assay for medication therapy management x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cytochrome P450 testing.

Decision rationale: Pursuant to the Official Disability Guidelines, CYP pharmacologic assay for medication therapy management is not medically necessary. Cytochrome P450 testing is not recommended. In this case, the injured worker's working diagnoses are abdominal pain; incisional hernia; partial amputation left ring finger; healed laceration left second and third finger; and hypertension. Date of injury is May 19, 2015. Request for authorization is October 19, 2015. According to a September 29, 2015 progress note, the injured worker complains of intermittent left ring finger pain that radiates to the forearm. The injured worker complains of intermittent umbilicus and upper abdominal pain associated with a bulge. There are complaints of anxiety, depression, insomnia and nervousness. Objectively, blood pressure is 150/80 with a heart rate of 74. Abdomen is tender in the peri-umbilical area. Range of motion of the wrist is full with a partial amputation left ring finger. A cardio-respiratory diagnostic testing report dated September 29, 2015 was included in the medical record. The testing included cardio-respiratory and autonomic function assessment. The treating provider requested a CYP 450 pharmacologic assay on medication therapy management. A CYP 450 pharmacologic assay on medication therapy management is not recommended. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for a CYP 450 pharmacologic assay, CYP pharmacologic assay for medication therapy management is not medically necessary.

Autonomic nervous system (ANS) evaluation: 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) Online: Autonomic 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) Pain section, CRPS diagnostic section.

Decision rationale: Pursuant to the Official Disability Guidelines, autonomic nervous system evaluation is not medically necessary. Autonomic nervous system evaluation is not generally recommended as a diagnostic test for CRPS. See CRPS, diagnostic tests for additional details. In this case, the injured worker's working diagnoses are abdominal pain; incisional hernia; partial

amputation left ring finger; healed laceration left second and third finger; and hypertension. Date of injury is May 19, 2015. Request for authorization is October 19, 2015. According to a September 29, 2015 progress note, the injured worker complains of intermittent left ring finger pain that radiates to the forearm. The injured worker complains of intermittent umbilicus and upper abdominal pain associated with a bulge. There are complaints of anxiety, depression, insomnia and nervousness. Objectively, blood pressure is 150/80 with a heart rate of 74. Abdomen is tender in the peri-umbilical area. Range of motion of the wrist is full with a partial amputation left ring finger. A cardio-respiratory diagnostic testing report dated September 29, 2015 was included in the medical record. The testing included cardio-respiratory and autonomic function assessment. The treatment plan rationale for autonomic nervous system testing was to objectively measure the patient's cardiac and respiratory autonomic nervous system functioning and to screen for signs and symptoms arising out of the injury that are known, with reasonable medical probability, to be influenced or aggravated by autonomic imbalance and dysfunction. Autonomic testing is not generally recommended as a diagnostic test for CRPS. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no indication for autonomic testing and guideline non-recommendations for autonomic nervous system testing in CRPS, autonomic nervous system evaluation is not medically necessary.