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| Case Number: | CM15-0215822 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 08/10/2010 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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 53-year-old female who sustained an industrial injury on 8-10-2010 and has been treated for cervical sprain, spasm and radiculopathy; thoracic sprain; left shoulder sprain and impingement syndrome; bilateral elbow sprain and lateral epicondylitis; left carpal tunnel syndrome, and left wrist sprain. On 9-16-2015 the injured worker reported no relief from pain. The cervical and thoracic spine pain was reported as 7 out of 10 with neck pain radiating to the left arm; the left shoulder was a constant 8 out of 10 pain; and, both elbows a constant moderate dull, achy pain with heaviness. She also reported that the left wrist was constant dull and achy pain with numbness and tingling. Objective findings included tenderness to palpation in all reported areas, with a positive impingement test on the left shoulder. Documented treatment includes chiropractic, physical therapy, acupuncture, extracorporeal shock wave, compound creams and Motrin. The treating physician's plan of care includes a request submitted 9-16-2015 for a cardio-respiratory autonomic function assessment. Rationale states that this is "part of a multidisciplinary effort to increase the probability of successful recovery in patients with risk factors for delayed functional recovery." This is part of an autonomic function assessment for screening for signs and symptoms "arising out of the industrial injury that are known, with reasonable medical probability, to be influenced or aggravated by autonomic imbalance and dysfunction." This request was non-certified on 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory autonomic function: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/800_899/0825.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin (#0825), cardio-respiratory autonomic function is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in the enumerated conditions (see attached link) after performance of standard testing including echocardiography and pulmonary function testing with measurement of diffusion passively and measurement of oxygen de-saturation (six minute walk test): development of exercise prescription to determine intensity of exercise training in cardiac and pulmonary rehab programs; differentiated cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea evaluate exercise capacity and response to therapy in individuals with chronic heart failure who are being considered for heart transplantation or other advanced therapies; etc. In this case, the injured worker's working diagnoses are cervical sprain, spasm and radiculopathy; thoracic sprain; left shoulder sprain and impingement syndrome; bilateral elbow sprain and lateral epicondylitis; left carpal tunnel syndrome, and left wrist sprain. Date of injury is October 10, 2010. Request for authorization is September 16, 2015. According to a progress note dated September 16, 2015, subjective complaints are cervical, thoracic, left shoulder, bilateral elbows and left wrist pain. Objectively, there is tenderness to palpation in these regions. There is no heart or lung examination in the medical record. The documentation indicates the injured worker had a prior autonomic nervous system test that showed autonomic nervous system dysfunction. The treating provider is requesting a repeat test because the injured worker may be at risk. There is no documentation indicating how a repeat autonomic test will change the current treatment. The worker does not meet the guideline criteria for the cardio-respiratory autonomic function test (see the guidelines). There is no heart and lung examination. There was no documentation of echocardiography of pulmonary function testing in the progress note. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, a prior autonomic nervous system test and no documentation indicating how a repeat test will change the ongoing medical treatment, cardio-respiratory autonomic function is not medically necessary.