Case Number:	CM15-0222236		
Date Assigned:	11/17/2015	**Date of Injury:**	09/25/2014
Decision Date:	12/30/2015	**UR Denial Date:**	10/21/2015
Priority:	Standard	**Application Received:**	11/12/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 9-25-14. The injured worker has complaints of neck and low back pain. The documentation on 10-12-15 noted on examination cervical spine and lumbar spine has tenderness and decreased range of motion and spasms. The diagnoses have included lumbar spine sprain and strain. Treatment to date has included topical compound creams; anaprox; tramadol and fexmid. The original utilization review (10-21-15) non-certified the request for autonomic nervous study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (DOG) Pain Chapter, Autonomic nervous system function testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12, p53.

Decision rationale: The claimant sustained a work injury in October 2014 when he injured his low back while lifting. In March 2015 physical therapy for the neck was started. When seen in October 2015, he was having neck pain and low back pain with slight lower extremity numbness and tingling bilaterally. Three injections had helped for a while. There was cervical and lumbar tenderness with decreased room and spasms. Topical compounded creams were prescribed. Chiropractic treatments were requested. Urine drug screening and autonomic testing were requested. Autonomic nervous system testing (ANSAR) is a form of non-invasive real-time digital autonomic nervous system monitoring that performs power spectral analysis of heart rate variability in order to provide relative measures of affect of various underlying physiologic influences. This testing is purported to identify persistently elevated levels of tone in either the sympathetic (SNS) or parasympathetic nervous system (PNS), and in particular as assisting in the evaluation of imbalances between the two that allegedly could impact upon the cardiovascular system through the effects of the parasympathetic nervous system on vagal tone. Testing is performed by using deep breathing to challenge the PNS, Valsalva to challenge the SNS, and standing from a seated position to challenge both systems. A tilt challenge may also be performed. If abnormalities are found, specific pharmacologic therapy aimed at increasing or decreasing sympathetic tone is recommended to re-establish balance. It has been used to screen for dysfunction of the ANS caused by chronic pain, including CRPS, after which treatment may be initiated to purportedly restore parasympathetic and sympathetic balance. This testing is not recommended in diagnosing chronic pain and is not considered medically necessary.