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| Case Number: | CM15-0222260 | | |
| Date Assigned: | 11/18/2015 | 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 9/25/2014. Medical records indicate the injured worker is being treated for cervical and lumbar spine herniated nucleus pulposus. Per the treating physician's notes dated 9-4-2015 and 10-12-2015, the injured worker reports 9 out of 10-neck pain and 6 out of 10 low back pain with slight numbness and tingling in his bilateral lower extremities. On physical exam, the injured worker had cervical and lumbar spine tenderness, decreased range of motion and spasm. The MRI report of the cervical spine dated 7-11-2015 shows disc desiccation at C2-C3 down to C5-C6. At C3-C4, there is focal disc herniation which abuts the thecal sac. There is no significant spinal canal stenosis and there is bilateral uncovertebral joint degenerative change. The disc measurement is 2.3mm. At C4-C5 there is focal disc herniation with deforms the anterior aspect of the spinal cord. There is no significant spinal canal stenosis and there is concurrent bilateral uncovertebral joint degenerative change. The disc measurement is 3.4mm. There is also straightening of the normal cervical lordosis. The cardio-respiratory diagnostic report dated 7- 13-2015 documented that overall there were abnormal responses to autonomic challenges (deep breathing, Valsalva, or standing) suggesting an autonomic dysfunction. The nerve conduction velocity study of the lower extremities on 4-15-2015 was normal. The electromyogram of the bilateral lower extremities on 4-15-2015 was abnormal showing acute and chronic lumbosacral radiculopathy primarily involving L4-5 not excluding S1 greater on the right. The Sudo scan report dated 3-24-2015 shows normal levels of skin conductance. Treatment to date for the injured worker includes

injections times 3 (the injured worker reports these helped a little), manipulation, electro-analgesic-vasopneumatic device-myofascial release to his lower back 11 sessions from 5-30-2015 to 8-4-2015 and to his neck 7 sessions from 8-11-15 to 10-7-2015, physical therapy, rest, ice, massage, and medications including Naproxen, Tramadol, and topical compound creams. A request for authorization was submitted on 10-12-2015 for chiropractic therapy twice a week for 4 weeks, urinalysis for toxicology; follow up in 4 weeks, interpreting services, autonomic nervous study, and Sudo scan. The UR decision dated 10/21/2015 non- certified the request for a Sudo scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudo Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter (updated 9/10/15) - Sudo Scan.

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

Decision rationale: This 44 year old male has complained of cervical spine and lumbar spine pain since date of injury 9/5/2014. He has been treated with injections, chiropractic therapy, physical therapy and medications. The current request is for a Sudoscan. Per the ODG guidelines cited above, a Sudoscan is not recommended in the evaluation or treatment of chronic pain as there is no evidence that this testing improves the outcome or changes the management of chronic pain. Based on the available medical records and per the MTUS guidelines cited above, a Sudoscan is not indicated as medically necessary.