

<b>Case Number:</b>	CM15-0225756		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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

Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on 5-29-12. The injured worker was being treated for cervical radiculopathy, cervical spine sprain-strain, lumbar radiculopathy, lumbar spine sprain-strain and knee sprain-strain. On 10-28-15, the injured worker complains of neck pain rated 7 out of 10 with and without medications and associated with radiating pain, numbness, tingling and weakness to bilateral upper extremities, low back pain rated 7 out of 10 with and without medications and associated with radiating pain, numbness, tingling and weakness to both lower extremities and dull aching knee pain rated 8 out of 10 with and without medications. Work status is unclear. Physical exam performed on 10-28-15 revealed a guarded gait, nuchal tenderness palpable bilaterally in cervical spine with tenderness and myospasms palpable over bilateral paracervical muscles and bilateral trapezius muscles with decreased range of motion; tenderness and myospasms palpable over bilateral paralumbar muscles with tenderness palpable in the sciatic notches and decreased lumbar range of motion and palpation of bilateral knees revealed tenderness on medial and lateral knee joint lines of bilateral knees with painful patellar tracking and decreased range of motion bilaterally. Treatment to date has included oral medications including Naprosyn 550mg, Prilosec 20mg, Tramadol 37.5-325mg and Cyclobenzaprine 7.5mg; topical creams, trigger point injections, intramuscular Toradol injection, and activity modifications. The treatment plan included dispensing of Naproxen 550mg, cyclobenzaprine 7.5mg, Omeprazole 20mg and hydrocodone 5-325mg; topical creams, hot-cold aquatic therapy system, MRI of cervical spine, lumbar spine and bilateral knees and request for cardiopulmonary testing for evaluation of the integrity of the

autonomic nervous system. On 11-11-15 request for cardiopulmonary testing for evaluation of the integrity of the autonomic nervous system was non-certified by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cardiopulmonary Testing for Evaluation of the Autonomic Nervous System: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Cardiopulmonary Testing for Evaluation of the Autonomic Nervous System, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has neck pain rated 7 out of 10 with and without medications and associated with radiating pain, numbness, tingling and weakness to bilateral upper extremities, low back pain rated 7 out of 10 with and without medications and associated with radiating pain, numbness, tingling and weakness to both lower extremities and dull aching knee pain rated 8 out of 10 with and without medications. Work status is unclear. Physical exam performed on 10-28-15 revealed a guarded gait, nuchal tenderness palpable bilaterally in cervical spine with tenderness and myospasms palpable over bilateral paracervical muscles and bilateral trapezius muscles with decreased range of motion; tenderness and myospasms palpable over bilateral paralumbar muscles with tenderness palpable in the sciatic notches and decreased lumbar range of motion and palpation of bilateral knees revealed tenderness on medial and lateral knee joint lines of bilateral knees with painful patellar tracking and decreased range of motion bilaterally. The treating physician has not sufficiently documented exam evidence indicative of autonomic nervous system dysfunction, nor the medical necessity for this consult/evaluation. The criteria noted above not having been met, Cardiopulmonary Testing for Evaluation of the Autonomic Nervous System is not medically necessary.