

Case Number:	CM15-0031071		
Date Assigned:	02/24/2015	Date of Injury:	07/27/2011
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 56 year old male, who sustained an industrial injury on 7/27/2011. The diagnoses have included cervical sprain/strain, lumbosacral radiculopathy, and carpal tunnel syndrome. Treatment to date has included physical therapy and medication. The injured worker underwent right L4-L5 decompression surgery on 10/31/2014. According to the Primary Treating Physician's Progress Report dated 11/25/2014, the injured worker was status post low back surgery and was to start therapy on December first. Objective findings revealed lumbar decreased flexion and extension. Per the follow-up report of a secondary physician dated 12/17/2014, the injured worker complained of continued pain in the lower back, pain in the coccyx region, and some weakness in his legs. Overall, his right leg symptoms had improved following right L4-L5 micro decompression surgery and he was undergoing physical therapy. Physical exam revealed edema and spasms in the paravertebral musculature of the lumbar spine and a slightly antalgic gait. On 2/6/2015, Utilization Review (UR) non-certified a request for autonomic nervous system sudomotor testing. A non-Medical Treatment Utilization Schedule (MTUS) guideline was cited; www.ncbi.nlm.nih.gov. UR non-certified a request for physical therapy postoperative lumbar spine two times a week for eight weeks, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous system sudomotor testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed Assessment of cardiovascular autonomic function.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sudomotor axon reflex test and Other Medical Treatment Guidelines <http://www.ncbi.nlm.nih.gov> search Sudoscan.

Decision rationale: Concerning the request for autonomic nervous system sudomotor testing (Sudoscan), the MTUS is silent; however, both the National Center for Biotechnology Information (NCBI) and Official Disability Guidelines (ODG) address sudomotor testing, stating it has played an important role in the clinical and research settings of the autonomic nervous system. Primarily, the testing appears to be used for detecting small fiber neuropathy in diabetic patients and those with idiopathic distal symmetric polyneuropathy (DSP). According to the ODG, Sudoscan is not generally recommended for diagnostic testing in complex regional pain syndrome (CRPS). The injured worker currently complains of low back pain, which has improved status post-surgery, and continued bilateral hand numbness. Within the available medical records, there is no documentation of diabetes, idiopathic DSP, CRPS, or clear rationale for sudomotor diagnostic testing. Therefore, the request for autonomic nervous system sudomotor testing is not medically necessary.

Physical therapy post op lumbar spine 2 times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The cited MTUS guideline allows for 16 physical medicine visits, over an eight week period, within the first six months post-operative. According to the injured worker's medical records, he has completed 11 of the original 16 physical medicine visits, and has had continued improvement. With five post-operative visits pending, the request for physical therapy postoperative of the lumbar spine, two times a week for eight weeks, is not medically necessary.