

Case Number:	CM15-0032239		
Date Assigned:	02/25/2015	Date of Injury:	05/10/2012
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on May 10, 2012. He has reported a right shoulder injury. The diagnoses have included cervical disc protrusion, cervical myospasm, right shoulder impingement and status post right shoulder surgery. Treatment to date has included physical therapy, medications, surgery, work hardening program, shoulder splint, facet block, chiropractic treatment and diagnostic studies. On November 12, 2014, the injured worker complained of pain constantly in the neck, mostly on the right side. He also complained of pain in the right shoulder with radiation to the elbow. He was post injection to the cervical spine. He reported no significant relief from the injection. Physical examination revealed tenderness in the paravertebral musculature as well as over the mid-cervical facets on the right. His range of motion was limited secondary to pain. On January 21, 2015, Utilization Review non-certified Sudoscan, noting ACOEM and OSG Guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of Sudoscan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudoscan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Autonomic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, sudomotor axon reflex test/CRPS, diagnostic tests.

Decision rationale: The patient continues to report neck and right shoulder pain which travels to the right elbow. The current request is for Sudoscan. The attending physician provides no clinical support for the request of a Sudoscan. MTUS guideline does not provide information for the requested treatment. The ODG guidelines state, "Not generally recommended for a diagnostic test for CRPS. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. There should be evidence that all other diagnoses have been ruled out." In this case, there is a lack of evidence-based research for the request of a sudoscan. Furthermore, there is no clinical justification provided to help explain the purpose of the request. As such, recommendation is for denial.

Chiropractic Therapy, 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The patient continues to report neck and right shoulder pain which travels to the right elbow. The current request is for chiropractic therapy 2 times per week for 8 weeks. The MTUS guidelines recommend an initial trial of 6 chiropractic treatments and with functional improvement treatment may be continued. MTUS does not support 16 visits of chiropractic manipulation without demonstration of functional improvement. In this case the records indicate there has been six previous chiropractic visits certified. There is no documentation of how many sessions were completed and no documentation of functional improvement with the chiropractic manipulation. As such, recommendation is for denial.

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient continues to report neck and right shoulder pain which travels to the right elbow. The current request is for Acupuncture. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." The attending physician in this case has requested

acupuncture and has failed to request treatment frequency or quantity. AMTG states that treatments may be extended if functional improvement is documented. In this case, the records indicate that 8 acupuncture sessions have previously been certified. There is no discussion of functional improvement with the acupuncture treatment. Because the current request appears to be open-ended and no documentation of functional improvement has been presented for review, the recommendation is for denial.

Autonomic nervous study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Autonomic testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, sudomotor axon reflex test/CRPS, diagnostic tests.

Decision rationale: The patient continues to report neck and right shoulder pain which travels to the right elbow. The current request is for Autonomic nervous study. The attending physician provides no clinical support for the request of an autonomic nervous study. MTUS guideline does not provide information for the requested treatment. The ODG guidelines state, "Not generally recommended for a diagnostic test for CRPS. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. There should be evidence that all other diagnoses have been ruled out." In this case, there is a lack of evidence-based research for the request of an autonomic nervous study. Furthermore, there is no clinical justification provided to help explain the purpose of the request. As such, recommendation is for denial.