

<b>Case Number:</b>	CM15-0037065		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 44-year-old female, who sustained an industrial injury on 6/3/2013. The current diagnoses are right shoulder impingement, lateral epicondylitis of the right elbow, and left knee pain. Currently, the injured worker complains of right shoulder pain, insomnia, and fatigue. The physical examination reveals positive impingement of the right shoulder, tenderness in the right lateral elbow, pain with range of motion, and moderate swelling in the left knee. Treatment to date has included medications, rest, ice, physical therapy, injections, and shockwave therapy. The treating physician is requesting Autonomic Nervous System Study, which is now under review. On 2/13/2015, Utilization Review had non-certified a request for Autonomic Nervous System Study. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autonomic Nervous System Study:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic Test Battery Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter under Autonomic nervous system function testing.

**Decision rationale:** Based on the 2/4/15 progress report provided by the treating physician, this patient presents with right shoulder pain, insomnia, and fatigue. The provider has asked for Autonomic Nervous System Study, but the requesting progress report is not included in the provided documentation. The patient's diagnoses per Request for Authorization form with no date specified, are knee sprain/strain and right shoulder impingement, and the form also specifies request as: "neurodiagnostic study" for the "upper extremities." The utilization review letter dated 2/13/15 also does not cite a request for authorization form from treating physician. The patient has failed conservative care to the right shoulder including medications, physical therapy, injections but no surgeries were noted in review of reports from 8/6/14 to 2/12/15. The patient has not had prior autonomic nervous system testing per review of reports from 8/6/14 to 2/12/15. The patient's work status is not included in the provided documentation. ODG-TWC, Pain (Chronic) Chapter under Autonomic nervous system function testing states: "Not generally recommended as a diagnostic test for CRPS." In this case, the patient presents with right upper extremity pain. None of the progress reports discuss cardiac or respiratory complaints by the patient that might show dysfunction of the autonomic nervous system. Per 2/4/15 progress report, patient's sensory and motor tests were normal, and only noted positive impingement sign of right shoulder, positive lateral tenderness of right elbow, and pain with range of motion of upper extremities. In this case, the medical necessity of the request is not established and therefore, the request is not medically necessary.