

Case Number:	CM15-0037645		
Date Assigned:	03/06/2015	Date of Injury:	02/09/2011
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	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: Internal 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 48-year-old male, who sustained an industrial injury on December 9, 2011. The diagnosis is not included in the progress note dated January 15, 2015. In a progress note dated January 15, 2015, the treating provider report does not provide an examination of the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio respiratory autonomic function assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aan.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic test battery Page 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Autonomic nervous system function testing, Autonomic test battery. America Academy of Neurology (AAN) Autonomic Testing - Policy (2014) https://www.aan.com/uploadedFiles/Website_Library_Assets/Documents/3.Practice_Management/1.Reimbursement/1.Billing_and_Coding/5.Coverage_Policies/14%20Autonomic%20Testing%20Policy%20v001.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that autonomic test battery is a standard autonomic protocol that compared side-to-side skin temperature, resting sweat output, and quantitative sudomotor axon reflex test (QSART) measurements are sensitive and reliable tools to formulate a correct diagnosis of CRPS I and can be combined to provide an improved set of diagnostic criteria for CRPS I. Resting skin temperature (RST), resting sweat output (RSO), and quantitative sudomotor axon reflex test (QSART) are a recently developed test battery with some evidence to support its limited use in the diagnosis of CRPS-I. Official Disability Guidelines (ODG) state that autonomic test battery is not generally recommended as a diagnostic test for CRPS. Autonomic nervous system function testing is not generally recommended as a diagnostic test for CRPS. The American Academy of Neurology (AAN) Autonomic Testing Model Coverage Policy indicates that autonomic testing is a component of the clinical evaluation of patients with autonomic disorders. Cardiovagagal autonomic testing is a reliable way to measure the function of the parasympathetic, or cardiovagagal, nervous system. The American Diabetes Association (ADA) recommends that autonomic testing (including cardiovagagal testing) be performed for patients with diabetes mellitus and cardiac autonomic neuropathy. Cardiovagagal testing has been demonstrated in a number of disease states to be an early marker of autonomic parasympathetic dysfunction. Some disorders, such as amyloidosis and autoimmune autonomic ganglionopathy, preferentially affect autonomic nerve fibers. Vasomotor adrenergic autonomic testing is a method for evaluating patients with syncope, orthostatic hypotension, postural tachycardia syndrome, and postural dizziness. Such testing is sensitive, specific, and clinically useful across diseases to diagnose patients with autonomic dysfunction. Sympathetic adrenergic testing (in conjunction with cardiovagagal and sudomotor function testing) has been shown to aid in diagnosis, management, and outcomes in patients with autonomic dysfunction or syncope of unexplained cause. Medical records do not document complex regional pain syndrome CRPS I. Per MTUS, autonomic test battery is recommended for the diagnosis of CRPS I, which is not documented in the medical records. Official Disability Guidelines (ODG) indicates that autonomic test battery and autonomic nervous system function testing are not generally recommended as a diagnostic test for CRPS. No evidence of autonomic disorder is present in the medical records. Therefore, the request for cardio-respiratory diagnostic, cardiovagagal innervation, vasomotor adrenergic innervation, and autonomic testing is supported. Therefore, the request for Cardio-Respiratory Autonomic Function Assessment is not medically necessary.