

<b>Case Number:</b>	CM15-0038448		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Arizona

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 45-year-old female who reported an injury on 06/03/2013 due to an unspecified mechanism of injury. On 02/04/2015, she presented for a follow-up evaluation regarding her work related injury. She reported pain in the right shoulder and low back. She also reported insomnia and fatigue. A physical examination showed tenderness to palpation in the right shoulder and right lateral elbow. She also had pain with range of motion and moderate swelling. It should be noted that the document provided was handwritten and illegible. Additional records show that she had undergone a Sudoscan on 02/04/2015 which showed a moderate reduction of skin conductance, suggesting possible early signs of peripheral autonomic neuropathy. The treatment plan was for a Sudoscan study. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sudo Scan 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 (ODG) Pain, CRPS Diagnostic Tests.

**Decision rationale:** The Official Disability Guidelines indicate that sudomotor scans are not generally recommended. Based on the documentation submitted for review, the injured worker had already undergone a Sudoscan study on 02/04/2014. However, there is a lack of documentation showing a clear rationale for the medical necessity of an additional sudomotor scan study. Without a clear rationale for the request, the request would not be supported. Also, the Official Disability Guidelines do not recommend the use of Sudoscans. Therefore, the request is not supported. As such, the request is not medically necessary.