

Case Number:	CM13-0065216		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2011
Decision Date:	04/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 9/3/11. A utilization review determination dated 11/22/13 recommends non-certification of cardio respiratory/autonomic function assessment and diagnostic testing to rule out RPA, SDB, OSA, and CSR. 11/7/13 PR-2 identifies neck and back pain with radiation to the legs, a complaint of loss of sleep due to pain, and depression and anxiety. On exam, there is tenderness of the cervical and lumbar spine and SLR causes pain bilaterally without further specifics. The provider recommends a pain management consult, continued acupuncture, cardio respiratory diagnostic testing (autonomic function assessment), and pulmonary and respiratory diagnostic testing including a sleep disordered breathing study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory/Autonomic Function Accessment: 1) Cardiovagal innervations and heart-rate variability (parasympathetic Innervations) 2) Adrenergic; beat to beat blood pressure (BP) response to the Valsalva maneuver, sustained hand grip, and BP and HR responses to active standing; and 3) EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Autonomic nervous system function testing

Decision rationale: Regarding the request for Cardio-Respiratory/Autonomic Function Assessment, California MTUS does not address the issues. ODG cites that autonomic nervous system function testing is not generally recommended as a diagnostic test for CRPS. Within the documentation available for review, there is no documentation of any clinical findings suggestive of any cardio respiratory or autonomic disorders and there is no evidence-based/peer-reviewed support for the use of this testing in the management of the patient's cited conditions. In light of the above issues, the currently requested Cardio-Respiratory/Autonomic Function Assessment is not medically necessary.