

Case Number:	CM14-0119117		
Date Assigned:	09/16/2014	Date of Injury:	12/04/2003
Decision Date:	10/21/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain 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 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/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:

The records presented for review indicate that this 62 year-old female was reportedly injured on December 4, 2003. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated May 22, 2014, references a urine toxicology screening. A progress note dated February 25, 2014 indicates that there were ongoing complaints of neck and upper extremity pain. The progress note from May 22, 2014 (internal medicine) notes a complaint of low back pain and lower extremity pain. Physical examination includes cardiovascular and respiratory systems with no abnormality. Blood pressure is 128/81, weight is 178 pounds, fasting glucose is 113, and an EKG on February 28, 2014 is unremarkable. The diagnoses include reflex, hypertension, diabetes, dyslipidemia, a sleep disorder, all attributed to chronic pain and stress. The treatment plan recommendation is for a urine toxicology screen, a blood glucose test, and hypertension profile, cardiorespiratory testing, and Sudoscan. Diagnostic studies include an EMG study in May 2008; Electrodiagnostic Studies in November 2010 were also obtained evidencing entrapment neuropathy of the median nerve at the left wrist with mild to moderate slowing of the nerve conduction velocity, and entrapment neuropathy of the median Nerve at the right wrist with mild slowing of nerve conduction velocity. An MRI in November 2010 of the cervical spine demonstrates mild degeneration at C4-5, C5-6, C3- foramina narrowing, Left C6-7, neuroforamina narrowing, and mild developmental central canal stenosis with no evidence of disc bulge or disc abnormality. A whole body Sudoscan was performed on May 22, 2014 as well as cardiorespiratory testing. A sleep profile study report in May 2014 revealed normative ranges. Additionally, on May 28, 2014, a 6 minute walk pulmonary stress test was performed. On May 30, 2014 an apnea test was performed. Previous treatment includes a left carpal tunnel release, a left shoulder arthroscopy, a right shoulder arthroscopic rotator cuff repair with residual pain following revision, and bilateral revision carpal tunnel releases in August 2011, and January

2012. A request had been made for a urine toxicology study, hypertension, profile, and Sudoscan and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127..

Decision rationale: Treatment guidelines support the use of urine drug screening as part of ongoing chronic opioid management. The documentation provided does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances. As such, the request is considered not medically necessary.

HTN profile: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There is no guide applicable for this request. Therefore, clinical experience and standards of care were applied.

Decision rationale: CA MTUS, ODG, and ACOEM guidelines do not reference a "HTN profile". This request is for a "HTN profile". It is presumed that this is some sort of diagnostic evaluation for a diagnosis of hypertension. There's no report provided indicating what this profile included or the results. Furthermore, the record provides no indication of whether this panel was previously performed, or any other indications for such a study. In the absence of documentation to substantiate the medical necessity of the service requested, or adequate clinical documentation of what the service requested is, this retrospective request for a "HTN profile" is not considered medically necessary.

Sudoscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC, ODG

Treatment Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic). (Updated 08/22/14) - EMG's / Electromyography

Decision rationale: CA MTUS guidelines do not address Sudoscan. ODG guidelines discuss electromyography studies recommending only nerve conduction studies to diagnose large fiber neuropathy and no recommendation for evaluation for diagnostic evaluation of fiber neuropathy. The medical record provided does not substantiate a medical necessity for a small fiber neuropathy evaluation. Additionally, such diagnostic evaluation is not supported by the guidelines, and multiple Electrodiagnostic studies were previously provided. In the absence of clinical documentation, identifying the need for the study and the information expected to be gained from a study without evidence-based literature supporting its use, the Sudoscan is not medically necessary.