MAXIMUS Federal Services

Case Number:	CM14-0149998		
Date Assigned:	09/24/2014	Date of Injury:	12/23/2013
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine, 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:

This is a 26 year-old male with a 12/23/13 date of injury. This patient is noted to have diabetic polyneuropathy, as well as symptoms of snoring and headaches. The most recent progress note available list as diagnosis number 6, Sleep deprivation related to pain. No history is included relating to this diagnosis, and the physical examination was limited to the musculoskeletal system. The medications included Flexeril, Norco, Sonata, and Zyrtec. Significant Diagnostic Tests: Cardio-Respiratory Diagnostic and Autonomic Function Testing was performed on 4/29/14. Assessment of Pulmonary Disorders and Sleep Disordered Breathing was performed on 4/29/14. Sudomotor Function Assessment was performed on 4/20/14. Treatment to date: medications. An adverse determination was received on 9/18/14 due to the patient not meeting criteria of medical necessity as the patient had been previously screened, and showed no significant impairment. Furthermore, he does not have symptoms or objective findings that would support such testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent 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 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) Pain Chapter, Autonomic test battery

Decision rationale: CA MTUS does not address this type of test battery. ODG states that the Autonomic Test Battery is not recommended in CRPS. There was a general lack of documentation in the treatment record regarding the rationale for requesting this test battery, and the patient does not appear to be experiencing symptoms referable to an autonomic nervous system disorder. Full and comprehensive screening was performed 6 months ago (4/29/14), and revealed no significant abnormalities; however, the patient does not appear to have suffered a change in autonomic status, and is having neither subjective nor objective findings to support further Cardio-Respiratory/Autonomic Assessment, and the clinical rationale for follow-up testing is unclear. Therefore, the request for Urgent Cardio-Respiratory/Autonomic Function Assessment was not medically necessary.