

Case Number:	CM14-0163105		
Date Assigned:	11/06/2014	Date of Injury:	10/25/2010
Decision Date:	12/11/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 claimant sustained a work injury to the head, neck, shoulders, knees and back in a 10/25/10 motor vehicle accident. 02/13/14 lower extremity electrodiagnostic study reports documented complaints of low back pain and pain in the right foot with numbness and tingling. Sensation was reduced at the right outer thigh and bilateral plantar surfaces. EMG studies were interpreted as consistent with irritability in the bilateral L4 and S1 myotomes. Claimant also reported neck pain with upper extremity weakness, cramps, numbness, and tingling. Sensation was reduced at the right hypothenar regions. Upper extremity EMG studies were interpreted as consistent with paraspinal and right C6 myotome irritability. Nerve conduction studies were normal in the upper and lower extremities. Thoracic and lumbar MRI studies were negative for evidence of canal stenosis or nerve root impingement. 06/06/14 internal medicine office note documented diagnoses of diabetes mellitus with average blood glucose of 190 mg/dL, as well as hypertension. A Sudo Scan was ordered. Request for initial Sudo Scan lists diagnosis code as 250.00 (diabetes mellitus without mention of complication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Sudo scan: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic test battery Page(s): 23 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Diabetes Chapter, CRPS, diagnostic tests; Quantitative sensory threshold (QST) testing; Quantitative sensory threshold (QST) testing Other Medical Treatment Guideline or Medical Evidence: Yajnik CS1, Kantikar V, Pande A, Deslypere JP, Dupin J, Calvet JH, Bauduceau B. Screening of cardiovascular autonomic neuropathy in patients with diabetes using non-invasive quick and simple assessment of sudomotor fun

Decision rationale: Clinical evidence of CRPS per Harden Criteria is not documented in this case. Per RFA, the diagnosis is diabetes mellitus. Sudomotor function may be affected by small fiber dysfunction in diabetes mellitus. MTUS recommends sudomotor testing in the evaluation for Complex Regional Pain Syndrome (CRPS), but is silent concerning use of sudomotor tests for other conditions. ODG Diabetes Chapter references ODG Pain Chapter concerning tests for diabetic neuropathy. Current ODG Pain Chapter does not recommend sudomotor testing for CRPS and is silent concerning use of sudomotor testing for other conditions. ODG Pain Chapter does not recommend other types of testing for small fiber disease, such as current perception threshold testing or QST testing for diabetic neuropathy. Sudoscan has been evaluated (see Yajnik, et al) for use as an alternative screening tool for cardiovascular autonomic neuropathy (CAN). Compared to Ewing test, the Sudoscan was noted to be sensitive but to have poor specificity for CAN. Based upon the submitted documentation and evidence-based sources, medical necessity is not established for the requested Sudoscan.