

Case Number:	CM14-0169048		
Date Assigned:	10/17/2014	Date of Injury:	06/09/2014
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The injured worker is a 60 year old female with a date of injury on 6/9/2014. As per the report of 6/11/14, she complained of neck pain, mid and low back pain which was dull, mild and moderately severe which was intermittent exacerbated by activities of daily living (ADLs) associated with headaches and dizziness. Exam revealed tenderness in the paracervical and trapezius, spasm in the trapezius and sternocleidomastoid area, unrestricted neck range of motion (ROM). There was tenderness of the thoracolumbar spine and paravertebral musculature, restricted back range of motion (ROM). There were bilateral patellar and Achilles deep tendon reflexes 2/4. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The bicipital, brachioradialis and tricipital deep tendon reflexes were 2/4 in the bilateral upper extremities. Cardiovascular, vascular examination of the neck was normal. Valsalva maneuver for cervical space-occupying lesions was negative. The popliteal, anterior tibial and posterior tibial pulses were 2+/2+ bilaterally and capillary refill time was normal bilaterally. On 6/23/14 cervical ultrasound revealed findings consistent with chronic inflammatory process. Clinical correlation was recommended. Current medications included acetaminophen, tramadol/Acet HCL, Orphenadrine citrate ER, meloxicam, heat moist pad, lumbar support, and Polar Frost. On 06/09/14 she was given Ketorolac injection, oral medications, orthotics, and Polar Frost with 30% improvement of pain. Durable Medical Equipment (DME) helped with her symptoms. Diagnoses include contusion: back lower, lumbar sprain/strain, thoracic sprain/strain, pain in neck (Cervicalgia), and cervical sprain/strain. There was no documentation of cardiac test and detailed exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory Diagnostic Testing (Autonomic Function Assessment): 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 treatment: Assessment of cardiovascular autonomic function. Freeman R. Clin Neurophysiol. 2006 Apr;117(4): page(s) 716-30. Epub 2006 Feb 7.

Decision rationale: Autonomic assessment has played an important role in elucidating the role of the autonomic nervous system in diverse clinical and research settings. The non-invasive measures of cardiovascular parasympathetic function involve the analysis of heart rate variability while the measures of cardiovascular sympathetic function assess the blood pressure response to physiological stimuli. Prolonged tilt-table testing, with or without pharmacological provocation, has become an important tool in the investigation of a predisposition to neutrally mediated (vasovagal) syncope. Frequency domain analyses of heart rate and blood pressure variability, microneurography, occlusion plethysmography, laser Doppler imaging and flowmetry, and cardiac sympathetic imaging are currently research tools but may find a place in the clinical assessment of autonomic function in the future. In this case, the records do not show any indication for autonomic function testing. Furthermore, there is no mention of any specific reason for the request. CA MTUS/ACOEM does not address the issue. Therefore, the requested test is considered not medically necessary due to lack of documentation.