

Case Number:	CM14-0094350		
Date Assigned:	07/25/2014	Date of Injury:	03/29/2010
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old male with a 3/29/10 date of injury. The mechanism of injury was not noted. According to an internal medicine progress report dated 2/6/14, the patient noted poorly controlled blood glucose levels at home (average glucose is 262 mg/dL). He wakes up several times at night to urinate, which has lead to poor sleep quality. Objective findings: unable to visualize fundus upon examination, no other significant findings on physical exam. Diagnostic impression: diabetes mellitus, hypertension, obesity, blurred vision, sleep disorder. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/10/14 denied the request for SudoScan. While this is accepted for assessment of small fiber neuropathy and autonomic dysfunction assessment in a diabetic, the reports indicate that this has been done on several occasions without results discussed. There was a certification of a SudoScan on 3/26/14 and the need for yet another scan is not shown.

IMR ISSUES, DECISIONS AND RATIONALES

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

SudoScan.: 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: Aetna Clinical Policy Bulletin: Autonomic Testing/Sudomotor Tests.

Decision rationale: CA MTUS and ODG do not address this issue. According to Aetna Clinical Policy Bulletin, sudomotor testing is used in the clinical setting to evaluate and document neuropathic disturbances that may be associated with pain. The quantitative sudomotor axon reflex test (QSART), thermoregulatory sweat test (TST), sympathetic skin responses, and silastic sweat imprints are tests of sympathetic cholinergic sudomotor function. According to a UR decision dated 6/10/14, Sudoscan testing has been done on several occasions without the results discussed. There is no documentation in the reports reviewed regarding Sudoscan testing. A specific rationale identifying why this specialized testing is required in this patient was not provided. Therefore, the request for Sudoscan was not medically necessary.