Case Number:	CM14-0095135		
Date Assigned:	07/25/2014	**Date of Injury:**	09/16/1998
Decision Date:	09/22/2014	**UR Denial Date:**	06/03/2014
Priority:	Standard	**Application Received:**	06/23/2014

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 patient is a 49-year-old male who has submitted a claim for cervical disc degeneration associated with an industrial injury date of September 16, 1998. Medical records from 2013 through 2014 were reviewed. Progress notes from the given records are missing but a recent progress note mentioned by the UR showed that the patient complained of cervical and lumbar spine pain. Examination showed tenderness over the cervical and lumbar paraspinals, suboccipital muscles and upper trapezius bilaterally, left greater than right as well as the quadratus lumborum bilaterally, and spinous processes at the L3, L4, and L5 levels. Additional findings included decreased cervical and lumbar ranges of motion along with decreased sensation along the C5-6 dermatomes on the left, L3 dermatome on the right, and L2 dermatomes bilaterally. Treatment to date has included medications, surgery, physical therapy, and localized neurostimulation therapy. Utilization review from June 3, 2014 denied the request for 1) NIOSH testing every 30 days, 2) 1 Cardio-Respiratory/Autonomic Function Assessment including Cardiovagal innervation and heart rate variability, adrenergic beat-to-beat blood pressure responses to Valsalva maneuver and sustained hand grip, and EKG, and 3) Automatic Nervous System Sudometer testing. The NIOSH testing request was denied because there was no guideline supporting its use. The cardio-respiratory/autonomic function assessment request was denied because records did not indicate that the patient had signs or symptoms of respiratory or cardiovascular issues that warranted further assessment. It also failed to document that the patient's autonomic nervous system was affected. The request for sudometer testing was denied because the records did not indicate that the patient was diagnosed with complex regional pain syndrome (CRPS) or have disturbances of the autonomic nervous system.

IMR ISSUES, DECISIONS AND RATIONALES

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

NIOSH testing every 30 days: 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 Official Disability Guidelines (ODG) Low Back, Flexibility; Pain, Functional Improvement Measures.

Decision rationale: CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) was used instead. The ODG states that the importance of an assessment is to have a measure that can be repeated and used over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise the period. However, there is no discussion as to the specifics of these measurements. The usual history and physical exam should provide adequate and substantial information concerning the patient's functional and medical condition. Therefore, the request for NIOSH testing every 30 days is not medically necessary.

1 Cardio-Respiratory/Autonomic Function Assessment including Cardiovagal innervation and heart rate variability, adrenergic beat-to-beat blood pressure responses to Valsalva maneuver and sustained hand grip, and EKG: 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 Other Medical Treatment Guideline or Medical Evidence: Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control, Kardiologia Polska 2010: 68, 8: 951-957 (http://www.ncbi.nlm.nih.gov/pubmed/20730734).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the article entitled Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control was used instead. It states that derangements within autonomic nervous system take part in the natural history of cardiovascular disease. Current paper presents three categories of methods measuring autonomic status: direct methods (e.g. laboratory tests measuring circulating catecholamine levels), indirect methods applied at rest (e.g. analysis of heart rate variability, sequence methods of arterial baroreflex sensitivity assessment) and indirect methods, associated with the exposure to physiological stimuli (e.g. central and peripheral chemoreceptor sensitivity assessment, invasive methods of arterial baroreflex sensitivity assessment). This review provides an insight into the physiology of reflex regulatory mechanisms within cardiorespiratory system, including their

complex and unstable nature. In this case, the submitted medical records did not indicate that the patient had signs or symptoms of respiratory or cardiovascular issues that warranted further assessment. Therefore, the request for 1 Cardio-Respiratory/Autonomic Function Assessment including Cardiovagal innervation and heart rate variability, adrenergic beat-to-beat blood pressure responses to Valsalva maneuver and sustained hand grip, and EKG is not medically necessary.

Automatic Nervous System Sudometer testing: 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 Other Medical Treatment Guideline or Medical Evidence: Clinical Neurophysiology Volume 117, Issue 4, Pages 716-730, April 2006: Assessment of cardiovascular autonomic function (http://www.clinph-journal.com/article/S1388-2457(05)00430-X/abstract).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Clinical Neurophysiology was used instead. According to the literature, autonomic assessment has played an important role in elucidating the role of the autonomic nervous system in diverse clinical and research settings. The techniques most widely used in the clinical setting entail the measurement of an end-organ response to a physiological provocation. 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. In this case, the provided medical records failed to provide documented evidence that the patient's autonomic nervous system was affected. There is no clear indication for the request. Therefore, the request for Automatic Nervous System Sudometer testing is not medically necessary.