

<b>Case Number:</b>	CM14-0103320		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 56 year old male, who sustained an industrial injury on 04/27/2009. He has reported subsequent low back and right knee pain and was diagnosed with lumbar sprain/strain, lumbar radiculopathy and right knee sprain/strain. Treatment to date has included oral pain medication, acupuncture and physical therapy. In a progress note dated 02/10/2014, a cardio-respiratory diagnostic test was performed as part of the primary treating physician's whole-body clinical evaluation and assessment for the sustained industrial injury and its contributing secondary consequences. The physician noted that due to abnormal responses to autonomic challenges this suggested autonomic dysfunction and that the injured worker would require further pulmonary/respiratory diagnostic testing. The physician indicated that need to schedule a sudo-scan to measure the injured worker for small fiber peripheral neuropathy via sweat gland activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autonomic Nervous System Sydomotor Testing (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, Treatment Index, 11th Edition (web), 2013, Diabetes, Diabetic Neuropathy, Distal Symmetrical Polyneuropathy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CRPS, diagnostic tests <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, sudomotor testing "Sudomotor measures: Most formal diagnostic tests for this are laboratory based and not generally recommended. Tests include (1) the iontophoretic quantitative sudomotor axon reflex test (QSART), (2) the sialastic sweat imprint method, (3) the thermoregulatory sweat test (TST), (4) sympathetic skin response and related electrodermal activity, (5) sympathetic skin resistance and selective tissue conductance, (6) quantitative sensory testing (QST), (7) resting sweat output (RSO)." There is no documentation of autonomic dysfunction, small fiber neuropathy and any other indication for sudomotor testing. Therefore, the request for Autonomic Nervous System Sydomotor Testing (Sudo Scan) is not medically necessary.