

<b>Case Number:</b>	CM15-0009926		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/29/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old female who sustained an industrial injury on December 29, 2003. She has reported ringing in both ears and lower extremity pain and has been diagnosed with arteriosclerotic retinopathy, diabetes mellitus, cardiac and respiratory autonomic nervous system dysfunction, idiopathic peripheral autonomic neuropathy, diabetic neuropathy and hypertension. Treatment to date has included medications. Currently the injured worker complains of ringing in both ears and lower extremity pain. The treatment plan included medications. She had a stress echocardiogram in 11/14 showing good functional capacity with no chest pain and no ST changes. The target heart rate was not achieved. The records indicate that she had cardiorespiratory testing completed on 5/28/14 showing abnormal responses to autonomic challenges suggesting autonomic dysfunction. "Since only the parasympathetic response during DB is low, mild autonomic dysfunction is possible". She had normal blood pressure and pulse documented during her medical visits. The request was made for cardiorespiratory testing every three months. On December 17, 2014 Utilization review non certified cardio-respiratory diagnostic testing / autonomic function assessment and autonomic nervous system sudomotor testing (sude scan) x 1 citing the Official Disability Guidelines.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment index, 11th edition (Web), 2014 Pulmonary, Pulmonary function testing; <https://www.aan.com/guidelines/home/getguidelinecontent/39>; <http://www.ncbi.nlm.nih.gov/pubmed/23346153>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: Diabetic autonomic neuropathy

**Decision rationale:** The injured worker has known diagnoses of arteriosclerotic retinopathy, diabetes mellitus, cardiac and respiratory autonomic nervous system dysfunction, idiopathic peripheral autonomic neuropathy, diabetic neuropathy and hypertension. She is status post a stress echocardiogram in 11/14 showing good functional capacity and no ST changes or chest pain and also cardiorespiratory testing in 5/14 showing mild autonomic dysfunction. Her blood pressures and pulses were stable in the available clinical notes. The clinical rationale for Cardio-Respiratory Diagnostic Testing/Autonomic Function Assessment is not documented with regards to how this will impact her treatment plan or functional status. The medical necessity for Cardio-Respiratory Diagnostic Testing/Autonomic Function Assessment is not substantiated in the medical records.

**Autonomic nervous system sudomotor (sudeo scan) every three months: 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), 2014 Pulmonary, Pulmonary function testing; <https://www.aan.com/guidelines/home/getguidelinecontent/39>; <http://www.ncbi.nlm.nih.gov/pubmed/23346153>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: diabetic autonomic neuropathy

**Decision rationale:** The injured worker has known diagnoses of arteriosclerotic retinopathy, diabetes mellitus, cardiac and respiratory autonomic nervous system dysfunction, idiopathic peripheral autonomic neuropathy, diabetic neuropathy and hypertension. She is status post a stress echocardiogram in 11/14 showing good functional capacity and no ST changes or chest pain and also cardiorespiratory testing in 5/14 showing mild autonomic dysfunction. Her blood pressures and pulses were stable in the available clinical notes. The clinical rationale for sudomotor (sudeo scan) every three months is not documented with regards to how this will impact her treatment plan or functional status. The medical necessity for Autonomic nervous system sudomotor (sudeo scan) every three months is not substantiated in the records.