

<b>Case Number:</b>	CM15-0113784		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female, who sustained an industrial injury on 10/05/2011. She has reported subsequent neck, knee, hand, arm and wrist sprain/strain, bilateral wrist and hand pain and was diagnosed with bilateral carpal tunnel syndrome and bilateral hand strain. Treatment to date has included medication, acupuncture and physical therapy. In a progress note dated 04/06/2015, the injured worker complained of bilateral wrist and hand pain and numbness of the bilateral hands as well as low back and right knee pain. Objective findings were notable for tenderness to the bilateral wrists, positive Phalen's test and tenderness of the bilateral hands and pain with range of motion. A request for authorization of autonomic nervous test was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autonomic Nervous Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic nervous test Page(s): 76-79, 111-113. Decision based on Non-MTUS Citation ODG, Autonomic nervous system.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, diagnostic tests, Autonomic nervous system function testing.

**Decision rationale:** ODG states "Recommend assessment of clinical findings as the most useful method of establishing the diagnosis. See CRPS, pathophysiology (clinical presentation & diagnostic criteria). Specific procedures are not generally recommended, except as indicated below. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. The following procedures have been suggested for use as additional tools for diagnosis, with use based on the patient's medical presentation. Recent CRPS guidelines do not discuss these tests in general but general information is available at the Reflex Sympathetic Dystrophy Syndrome Association website. (Aker, 2008) (Harden, 2013)" Additionally, ODG states "Not generally recommended as a diagnostic test for CRPS. See CRPS, diagnostic tests." Guidelines recommend against this type of testing. As such, the request for Autonomic Nervous Test is not medically necessary.