

Case Number:	CM15-0113838		
Date Assigned:	06/22/2015	Date of Injury:	10/05/2011
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic knee, neck, hand, arm, and wrist pain reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for a Sudoscan. The claims administrator referenced a RFA form dated May 20, 2015 and associated progress note of May 18, 2015 in its determination. The applicant's attorney subsequently appealed. The Sudoscan in question was apparently performed on May 18, 2015, despite the unfavorable utilization review determination. The results were not clearly reported but did suggest that the applicant exhibited normal symmetry about both hands and feet with possible peripheral autonomic neuropathy identified. The report was highly templated. It was not clearly stated for what issue and/or diagnosis the test in question was ordered. In a RFA form dated May 29, 2015, autonomic nervous system testing (AKA the Sudoscan in question) was ordered, along with an orthopedic consultation, follow-up visit, and urine drug testing. The stated diagnoses were low back pain, wrist pain, carpal tunnel syndrome, knee meniscus tear. In an associated handwritten note dated May 18, 2015, the attending provider ordered topical compounded creams, physical therapy, manipulative therapy, an orthopedic consultation, urine drug testing, and the Sudoscan in question through usage of pre-printed checkboxes, with little-to-no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudo scan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Sudomotor axon reflex test/Sudoscan; Autonomic nervous system function testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ODG Integrated Treatment/ Disability Duration GuidelinesPain (Chronic), Sudomotor axon reflex test 2. ODG Integrated Treatment/ Disability Duration GuidelinesDiabetes, SudoScan.

Decision rationale: No, the proposed Sudoscan was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Chronic Pain Chapter Pseudomotor Axon Reflex Test topic notes that pseudomotor testing is "not generally recommended" as the diagnostic test for CRPS. ODG's Diabetes Chapter Sudoscan topic also notes that Sudoscan testing is "not recommended" as there is lack of evidence showing that this device improves applicant management. Here, as noted above, the attending provider failed to furnish a compelling applicant-specific rationale in favor of said testing in the face of the unfavorable ODG positions on the same. The request was ordered in a highly templated manner, using pre-printed checkboxes, without any associated narrative commentary as to what was suspected and/or how the proposed pseudomotor testing would influence or alter the treatment plan. Therefore, the request was not medically necessary.