

Case Number:	CM15-0148631		
Date Assigned:	08/11/2015	Date of Injury:	09/23/2009
Decision Date:	10/06/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old male who sustained an industrial injury on 09-23-09. Initial complaints and diagnoses are not available. Treatments to date include medications and therapy. Diagnostic studies are not addressed. Current complaints include right shoulder, elbow, and wrist pain. Current diagnoses include right shoulder impingement, right elbow lateral epicondylitis, and right wrist sprain and strain. In a progress note dated 06-23-15 the treating provider reports the plan of care as medications, chiropractic therapy, urine drug screen, shockwave treatments to the right elbow, a sudoscan, and an autonomic nervous study. The requested treatment includes a sudoscan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sudoscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23889506>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, SudoScan.

Decision rationale: Per the ODG guidelines regarding SudoScan: Not recommended, as there is a lack of evidence showing that this device improves patient management. See also Autonomic nervous system function testing in the Pain Chapter. The SudoScan is an autonomic nervous system function test for sudomotor function. The autonomic nervous system regulates blood pressure, heart rate, temperature, respiration, gastrointestinal, bladder and sexual function. Autonomic nervous system testing can be grouped into three categories, sudomotor, cardiovagal innervation, and vasomotor adrenergic innervation. The tests for sudomotor function can include QSART, TST, SSR, Silasticsweat imprint, SudoScan and QDIRT. The SudoScan is a non-invasive method to measure sweat gland function. The device evaluates sweat gland function by obtaining electrochemical reaction between sweat chlorides and stainless-steel electrodes, and it measures electrochemical skin conductance of hands and feet through reverse iontophoresis. A study on the use of SudoScan as a screening tool for microvascular complications in type-2 diabetes found that the sensitivity was 82% and the specificity was 61%, and for detection of peripheral neuropathy, sensitivity was 82% and specificity was 55%. The study had many limitations and there should be a follow-up study. Much of the literature is limited to small case series. In comparing SudoScan to conventional measures of peripheral and cardiac neuropathy, authors conclude that the SudoScan is not a substitute for conventional neuropathy testing. There is a paucity of evidence documenting how these autonomic tests change management or impact treatment in clinical disorders associated with autonomic nervous systems dysfunction. Per the medical records, autonomic nervous study was previously performed 10/31/14. The documentation submitted for review does not contain any rationale for SudoScan testing. Per the MTUS guidelines p 23, sudomotor axon reflex test is a tool which can help formulate a correct diagnosis of CRPS I, however, there is no indication that CRPS is suspected. Furthermore, as SudoScan is not recommended, the request is not medically necessary.