

Case Number:	CM15-0171060		
Date Assigned:	09/11/2015	Date of Injury:	03/18/2009
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male, with a reported date of injury of 03-18-2009. The diagnoses include acid reflux secondary to NSAIDs, rule out ulcer and anatomical alteration constipation and diarrhea, rule out irritable bowel syndrome, weight gain, high blood pressure, diabetes, status post anterior cervical discectomy and fusion, status post multiple right shoulder surgeries, left shoulder internal derangement, and lumbar spine sprain and strain. Treatments and evaluation to date have included chiropractic treatment, intra-articular steroid injections, and oral medications. The diagnostic studies to date included a Sudoscan on 04-15-2015, which showed modest reduction of skin conductance suggesting possible early signs of peripheral autonomic neuropathy; a urine drug screen on 04-07-2015 with negative findings; a urine drug screen on 07-22-2015, which was positive for Amitriptyline; and a Sudoscan on 07-22-2015, which showed abnormal hand symmetry and peripheral autonomic neuropathy. The progress report dated 07-22-2015 indicates that the injured worker noted controlled diarrhea, but reported no change in his acid reflux, diabetes, or high blood pressure. He denied constipation at the time. The physical examination showed no significant findings. The injured worker was declared permanent and stationary on 08-13-2014. His work status was deferred to the primary treating physician. The interventional pain management follow-up evaluation report dated 07-14-2015 indicates that the injured worker complained of cervical spine pain, right shoulder pain, and lumbar spine pain. He rated his pain 4 out of 10. The pain had remained unchanged since the last visit. The physical examination of the cervical spine showed decreased normal lordosis, moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the bilateral trapezius muscles, positive axial head compression bilaterally, positive Spurling sign bilaterally, facet tenderness to palpation at the C4-7 levels, and decreased range of motion. The

physical examination of the right shoulder showed decreased range of motion and positive impingement sign. It was noted that there was decreased sensation along the right of C5-6 dermatomes in the right median nerve. The request for authorization was dated 07-22-2015. The treating physician requested Sudoscan. The rationale for the request was not indicated. On 08-06-2015, Utilization Review non-certified the request for Sudoscan since the guidelines do not recommend Sudoscan, as there is a lack of evidence showing that this device improves patient management.

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 ODG, Sudoscan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, CRPS, diagnostic tests.

Decision rationale: The patient presents with diagnoses that include acid reflux secondary to NSAIDs, rule out ulcer and anatomical alteration constipation and diarrhea, rule out irritable bowel syndrome, weight gain, high blood pressure, diabetes, status post anterior cervical discectomy and fusion, status post multiple right shoulder surgeries, left shoulder internal derangement and lumbar spine sprain and strain. The diagnostic studies to date included a Sudocan on 4/15/15, which showed modest reduction of skin conductance suggesting possible early signs of peripheral autonomic neuropathy. A Sudoscan on 7/22/15 showed abnormal hand symmetry and peripheral autonomic neuropathy. The patient currently presents with controlled diarrhea, but reported no change in his acid reflux, diabetes or high blood pressure. The current request is for Sudoscan. The treating physician states in the 7/22/15 treating report (109b), "Diagnostic Studies Needed: Sudoscan ordered today." MTUS Guidelines are silent regarding the requested treatment. ODG's state, "Not generally recommended as a diagnostic test. There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. There should be evidence that all other diagnoses have been ruled out." In this case, the clinical history has documents two prior Sudoscan's but fails to document the medical basis for a third. There is no discussion that the Budapest (Hardin) diagnostic criteria testing for CRPS has been performed as recommended by ODG guidelines. Therefore, the current request is not medically necessary.