

Case Number:	CM15-0179706		
Date Assigned:	09/21/2015	Date of Injury:	02/01/2013
Decision Date:	12/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/12/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old male who sustained a work-related injury on 2-1-13. Medical record documentation on 7-27-15 revealed the injured worker was being treated for cervical spine sprain-strain, lumbar spine radiculopathy, bilateral shoulder derangement and bilateral carpal tunnel syndrome. He reported neck pain which he rated a 4 on a 10-point scale, low back pain rated a 6 on a 10-point scale, bilateral shoulder pain rated a 4 on a 10-point scale and bilateral wrist pain rated a 4 on a 10-point scale. He reported that Xanax helped to decrease his symptoms of anxiety. Objective findings he had cervical spine range of motion of flexion to 45 degrees, extension to 45 degrees, bilateral lateral flexion to 25 degrees, and bilateral rotation to 60 degrees. His right shoulder range of motion was flexion to 165 degrees, extension to 30 degrees, abduction to 165 degrees, and adduction to 40 degrees. His lumbar spine range of motion was flexion to 40 degrees, extension to 10 degrees, bilateral lateral flexion to 10 degrees, and he had tenderness to palpation over the lumbar spine and lumbar paraspinal muscles. A straight leg raise was negative bilaterally. A request for cardiovagal innervation, vasomotor adrenergic innervation, electrocardiogram and cardio-respiratory testing - autonomic function assessment was received on 8-12-15. On 8-20-15, the Utilization Review physician determined cardiovagal innervation, vasomotor adrenergic innervation, electrocardiogram and cardio-respiratory testing - autonomic function assessment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiovagal Innervation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Autonomic nervous system function testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Cardiovagal innervation is autonomically mediated. Per the Official Disability Guidelines (ODG), Autonomic nervous system function testing is "Not generally recommended as a diagnostic test for chronic pain syndrome." This patient has been requested to receive this test for evaluation of his chronic back pain. Per ODG, the test is not indicated. Therefore, based on the submitted medical documentation, the request for cardiovagal innervations testing is not-medically necessary.

Vasomotor Adrenergic Innervation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Autonomic nervous system function testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this test. Per the Official Disability Guidelines (ODG), Autonomic nervous system function testing is "Not generally recommended as a diagnostic test for chronic pain syndrome." This patient has been requested to receive this test for evaluation of his chronic back pain. Per ODG, the test is not indicated. Therefore, based on the submitted medical documentation, the request for vasomotor adrenergic innervation function testing is not-medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states, "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient is 58 years of age. He has no documented evidence of unstable cardiac angina. The patient also has no known history of prior coronary artery disease with unstable angina pectoris. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not-medically necessary.

Cardio-Respiratory Testing-Autonomic Function Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinician's Guide to Cardiopulmonary Exercise Testing in Adults, Circulation. 2010; 122: 191-225 Published online before print June 28, 2010.

Decision rationale: The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Therefore, outside sources were sought. When combined with exercise testing, adjunctive imaging modalities offer greater diagnostic accuracy, additional information regarding cardiac structure and function, and additional prognostic information. The American Heart Association recommends that Cardiopulmonary exercise testing be performed in adults to assess cardiac output and pulmonary compliance. The reason for this test being ordered is unclear. This patient has not been documented to have any signs of recent unstable angina. This type of test is not performed as a standing screening procedure. Therefore, based on the submitted medical documentation, the request for cardio-respiratory testing of autonomic function testing is not-medically necessary.