

Case Number:	CM15-0062529		
Date Assigned:	04/08/2015	Date of Injury:	12/07/2010
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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
 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 60 year old female, who sustained an industrial injury on 12/07/2010. The injured worker is currently diagnosed as having cervical sprain/strain, lumbosacral sprain/strain, internal derangement of left knee, and shoulder sprain. Treatment to date has included medications. In a progress note dated 07/21/2014, the injured worker presented with complaints of injury to shoulder, back, left wrist, and left knee. On the most recent clinical note provided was dated 02/25/2015. It was noted that the injured worker continued to report pain in the left knee as well as low back and bilateral shoulder pain. On examination, he had no effusion and positive crepitus of the knee. It should be noted that the document provided was handwritten and illegible. The treating physician reported requesting authorization for cardiorespiratory function assessment, Sudoscan, respiratory/pulmonary evaluation, and per application, a Transcutaneous Electrical Nerve Stimulation Unit has also been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Autonomic Test Battery Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/16464634 accessed 5-10-15.

Decision rationale: Per the National Institutes of Health, "Autonomic assessment has played an important role in elucidating the role of the autonomic nervous system in diverse clinical and research settings". The documentation provided does not indicate a clear rationale for the medical necessity of a cardiopulmonary stress test. There was no indication that the cardiorespiratory stress testing would impact the injured worker's treatment in any way or change the course of this therapy. Therefore, the request is not supported. As such, the request is not medically necessary.

Sudo-Scan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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.

Decision rationale: According to the Official Disability Guidelines, indicate that Sudomotor tests are part of testing that screens for CRPS. The documentation submitted for review does not indicate that the injured worker has signs and symptoms consistent with CRPS to support the medical necessity of this request. Also, a clear rationale was not provided for the medical necessity of a Sudomotor test and therefore, the request would not be supported. As such, the request is not medically necessary.

Sleep Study: 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) Mental Illness and Stress, Polysomnography (PSG).

Decision rationale: The Official Disability Guidelines state that polysomnography is recommended after at least 6 months of an insomnia complaint that is unresponsive to behavior interventions and sleep sedative promoting medications and after psychiatric etiology has been excluded. The documentation submitted for review does not indicate that the injured worker has had at least 6 months of an insomnia complaint that has not responded to behavioral intervention and/or sedative sleep promoting medications. There is also no indication that a psychiatric etiology has been excluded. Therefore, the request is not supported. As such, the request is not medically necessary.

TENS Unit 6 month supply x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The documentation provided does not indicate a clear rationale for the medical necessity of the request. Further clarification is needed regarding whether or not the injured worker already owns a TENS unit or whether this is being requested as a rental with supplies. Also, without documentation that the injured worker owns a TENS unit that is not properly functioning or that he is requesting a rental TENS unit, the request would not be supported. As such, the request is not medically necessary.