

Case Number:	CM15-0064475		
Date Assigned:	04/10/2015	Date of Injury:	12/22/2014
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 12/22/2014. She reported trauma injuries to the psyche, head, upper back, and both shoulders. The injured worker is currently diagnosed as having cervical sprain, thoracic sprain, cervicocranial syndrome, headache, interstitial myositis, generalized anxiety disorder, and insomnia. Treatment to date has included physiotherapy, chiropractic treatment, acupuncture, and medications. In a progress note dated 02/06/2015, the injured worker presented with complaints of head, shoulder, neck, and upper back pain. She was frustrated tense and irritable, difficulty in sleeping, sadness, depression, anxiety, and anxious mood on 2/10/15. According to the application, Independent Medical Review is requested for autonomic nerve system therapy. The patient sustained the injury due to cumulative trauma. The medication list include Lunesta, STPD, and Advil.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANS/Autonomic Nervous System Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Sympathetic Therapy section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (updated 04/30/15) Autonomic nervous system function testing, Sympathetic therapy.

Decision rationale: Request: ANS/Autonomic Nervous System Therapy. As per cited guidelines, "Sympathetic therapy: Not recommended. Sympathetic therapy is considered investigational." The cited guideline does not recommend Autonomic Nervous System Therapy and is considered investigational. Any evidence of abnormalities in the Autonomic nervous system were not specified in the records provided. The rationale for Autonomic nervous system therapy was not specified in the records provided. Treatment to date has included physiotherapy, chiropractic treatment, acupuncture, and medications. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Automatic nervous system (ANS) testing is not fully established for this patient.