

<b>Case Number:</b>	CM15-0069992		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old who has filed a claim for irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), and chronic pain syndrome reportedly associated with an industrial injury of October 2, 2009. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for Sudoscan. The claims administrator referenced a February 3, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant received some sort of functional capacity evaluation and/or manual muscle testing, the results of which were not clearly reported. On February 11, 2015, the applicant reported multifocal complaints of low back pain, shoulder pain, depression, anxiety, psychological stress, and insomnia. Upper and lower extremity paresthesias were reported. The applicant was on Norco, senna, and unspecified antidepressants, it was reported, several of which were refilled. A comprehensive metabolic panel (CMP) was ordered, along with urine drug testing. The attending provider noted that the applicant had gained three pounds since the preceding visit. There was no explicit mention of the Sudoscan at issue. On February 3, 2015, the applicant was given several dietary supplements including Sentra, GABAdone, and AppTrim. A Sudoscan was apparently ordered. It was not stated for what purpose and/or what diagnosis the Sudoscan was intended. The attending provider stated that the applicant had issues with alleged GERD, irritable bowel syndrome, diabetes mellitus, and dyslipidemia, which were reportedly triggered by the work-related injury. It was not stated how the diagnosis of diabetes had been established, although the attending provider did allude to the applicant's having had random blood sugar of

173 in the clinic setting. There was no mention of the applicant's having issues with upper and/or lower extremity paresthesias.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Sudo scan:** 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 ODG Integrated Treatment/ Disability Duration Guidelines Diabetes SudoScan.

**Decision rationale:** No, the request for a SudoScan was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Diabetes Chapter SudoScan topic notes that sudoscanning is not recommended, as there is a lack of evidence showing that SudoScan testing improves applicant management. Here, little-to-no applicant-specific information or narrative commentary accompanied the request for authorization (RFA). There was no mention of the applicant's having issues with upper and/or lower extremity paresthesias present on February 3, 2015. While the attending provider stated that the applicant had had a random blood sugar in the clinic of 173, the attending provider did not state how the diagnosis of diabetes had been established. The applicant's hemoglobin A1c was not detailed. There was no mention of the applicant's having had multiple elevated blood sugar readings. The request, thus, is not indicated both owing to (a) the unfavorable ODG position on the article at issue and (b) the attending provider's failure to outline how the test in question would influence or alter the treatment plan. Therefore, the request was not medically necessary.