

<b>Case Number:</b>	CM13-0023408		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/05/2004
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in North Carolina, Colorado, California, Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year old male injured on 09/05/2004 as a result of cumulative trauma involving the neck, shoulders, upper back and upper extremity. Initial diagnoses include bilateral carpal tunnel syndrome, left ulnar subluxation on the right elbow, left shoulder subacromial impingement syndrome, lumbosacral spine strain, cervical strain, and rule out internal derangement and triangular fibrocartilage tears bilaterally. Internal medicine agreed medical evaluation performed on 06/08/06 evaluated both diagnoses of gastroesophageal reflux disease and hypertensive cardiovascular disease. Documentation indicated the injured worker suffered from a form of primary hypertension caused by nonindustrial metabolic disorder associated with pathophysiologic changes involving multiple internal organ systems. It was noted the injured worker underwent gastrointestinal endoscopy which detected anatomical abnormality in the form of hiatal hernia with evidence of irritation of the esophagus potentially due to nonsteroidal anti-inflammatory drugs. Additional internal medicine agreed medical re-examination performed on 05/03/12 indicated ongoing treatment with ibuprofen tid. Additionally, it was noted the injured worker reported recent upper diagnostic procedure similar to laryngoscopy with reported damage to larynx as a result of reflux. Official reports were not provided for review. The injured worker's hypertension managed by primary internist with benazepril. Clinical note dated 05/01/13 indicates the injured worker presented reporting improved acid reflux, worsening left shoulder pain rated at 7/10, lumbar spine pain rated at 7/10, and no change to hypertension reporting 140/80 mm mercury. The injured worker denied bright red blood per rectum. Diagnoses included abdominal pain, gastroesophageal reflux disease secondary to NSAIDs, hypertension, rule out irritable bowel syndrome, rectal bleeding, sleep disorder rule out obstructive sleep apnea, lumbar spine radiculopathy. Physical examination revealed lung sounds clear to auscultation, no rales or wheezes appreciated, no dullness to percussion, regular rate and

rhythm, S1 and S2, no rubs or gallops appreciated, abdomen soft and normal active bowel sounds, no clubbing/cyanosis/edema noted. Medications include benazepril, Prilosec, tramadol and Gabapentin. Documentation indicates EDG, ICG, 2D echo with Doppler, and abdominal ultrasound secondary to hypertension and abdominal pain were scheduled for 05/13/13. The injured worker recommended for gastrointestinal consultation to rule out gastroesophageal reflux disease and irritable bowel syndrome. The injured worker was also recommended ophthalmology consultation to rule out end organ damage secondary to hypertension. The injured worker to undergo sleep study and weight loss program ordered by the primary treating physician. The injured worker also recommended pain management consultation. The initial requests were non-certified on 08/05/13.

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

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

**The request for EGD test (Esophagogastroduodenoscopy): 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/19619697>.

**Decision rationale:** Clinical documentation indicated the patient reported improved GERD. The patient has previously undergone EGD and laryngoscopy confirming reflux. There is no indication the patient has had a significant change in status requiring additional diagnostic examination. As such, the request for EGD test (esophagogastroduodenoscopy) cannot be recommended as medically necessary.

**The request for 2D (2 Dimensions) Echo with Doppler: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003888.htm>.

**Decision rationale:** The documentation fails to indicate significant cardiac complaints warranting advanced diagnostic examination in the form of echocardiogram with doppler. The patient reported hypertension that has remained controlled with the use of antihypertensives without adverse events. The patient has not reported cardiac arrhythmia, chest pain, shorthess of breath or other complaints indicating the need for additional diagnostics. As such, the request for 2D (2 dimensions) ECHO with Doppler cannot be recommended as medically necessary.

**The request for Abdominal Ultrasound: 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) Hernia, Ultrasound, diagnostic.

**Decision rationale:** There is no documentation of significant abdominal pain, abnormal examination findings, or evidence of serial abnormal complaints that warrant abdominal ultrasound. As such, the request for abdominal ultrasound cannot be recommended as medically necessary.

**The request for Pain Management Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low back Complaints, Follow-Up Visits.

**Decision rationale:** The clinical documentation indicated the patient reported improvement in GERD symptoms with no change in other complaints. There were no other documented complaints requiring evaluation and treatment by specialist. As such, the request for pain management consultation is not medically necessary.

**The request for Gabapentin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 600mg #60 is not medically necessary.

**The request for ICG test (Impedance Cardiography):** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1216625>.

**Decision rationale:** The documentation fails to indicate significant cardiac complaints warranting advanced diagnostic examination in the form of ICG test (impedance cardiography). The injured worker reported hypertension that has remained controlled with the use of antihypertensives without adverse events. The patient has not reported cardiac arrhythmia, chest pain, shorthess of breath or other complaints indicating the need for additional diagnostics. As such, the request for ICG test (impedance cardiography) is not medically necessary.

**The request for Gastrointestinal Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low back Complaints, Follow-Up Visits.

**Decision rationale:** The clinical documentation indicated the patient reported improvement in GERD symptoms. There was no other documented complaints requiring evaluation and treatment by specialist. As such, the request for gastrointestinal consultation is not medically necessary.