

Case Number:	CM13-0034475		
Date Assigned:	12/06/2013	Date of Injury:	09/17/2007
Decision Date:	08/15/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pulmonary Diseases, and is licensed to practice in California. 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 patient is a 54-year-old female who reported an injury on 09/17/2007. The mechanism of injury was not stated. The patient is diagnosed with coronary artery disease, status post myocardial infarction, hypertension, chest pain, hyperlipidemia, and obesity. [REDACTED] saw the patient on 07/26/2013. The patient reported well-controlled hypertension as well as improving gastro esophageal reflux. Physical examination revealed clear lung sounds to auscultation, regular heart rate and rhythm, and a blood pressure of 136/89 with a heart rate of 66 beats per minute. A urine toxicology test was performed at that time. Treatment recommendations included Accu-Chek blood glucose testing, ICG, and a 7-day Holter monitor secondary to tachycardia events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 6 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is not medically necessary.

Accu-check blood glucose test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw8252.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Fasting plasma glucose test (FPG).

Decision rationale: The Official Disability Guidelines state fasting plasma glucose testing is recommended for diagnosis of type I and II diabetes in children and non-pregnant adults. As per the documentation submitted, the patient's blood glucose level was 124 mg/dl. There is no documentation of previous blood glucose testing, nor evidence of uncontrolled diabetes. The patient's physical examination was within normal limits. The medical necessity for an Accu-Chek blood glucose test has not been established. Based on the clinical information received, the request is not medically necessary.

ICG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine National Institutes of Health Clin. Transl. Sci. 2013 Dec. Value of impedance cardiograph during 6-minute walk test in pulmonary hypertension.

Decision rationale: Impedance cardiograph is also referred to as electrical impedance plethysmography. Estimation of hemodynamic parameters is feasible and may provide useful information in patients with pulmonary hypertension. The patient does not maintain a diagnosis of pulmonary hypertension. The patient's physical examination was within normal limits. There was no evidence of an acute cardiac event. The medical necessity has not been established. Therefore, the request is not medically necessary.

Seven (7) day holter monitor secondary to tachycardia events: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health.

Decision rationale: A Holter monitor is a machine that continuously records the heart's rhythms. Holter monitoring is used to determine how the heart responds to normal activity and may also be used after a heart attack, to diagnose heart rhythm problems, or when starting new heart medication. As per the documentation submitted, the patient's physical examination on the requesting date was within normal limits. The patient maintained a heart rate of 66 beats per minute. There was no documentation of acute tachycardia events. The medical necessity has not been established. Therefore, the request is not medically necessary.

Mobile cardiac outpatient telemetry (mcot): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health.

Decision rationale: A Holter monitor is a machine that continuously records the heart rhythms. Holter monitoring is used to determine how the heart responds to normal activity and may also be used after a heart attack, to diagnose heart rhythm problems, or when starting new heart medication. As per the documentation submitted, the patient's physical examination on the requesting date was within normal limits. The patient maintained a heart rate of 66 beats per minute. There was no documentation of acute tachycardia events. The medical necessity has not been established. Therefore, the request is not medically necessary.