

<b>Case Number:</b>	CM13-0050700		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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 injured worker is a 31-year-old male with date of injury on 4/1/2012. The diagnoses include lumbar disk degeneration with displacement causing radiculopathy at levels L5 and S1 on the right and L5 on the left. Insomnia not otherwise specified is also noted. The injured worker also has dysthymic disorder and psychosexual dysfunction listed as diagnoses. Medications are noted as Cyclobenzaprine 10%, gabapentin 10% and Vicodin, which provide relief. The injured worker has had physical therapy which also had been beneficial. The injured worker has also been diagnosed with lumbar sprain manifested by pain in the paraspinal area and limited range of motion. In addition, he has positive straight leg raising test and sciatic loading positive with nerve conduction studies documenting the aforementioned radicular involvement. Epidural steroid injections have also been used for treatment. Sleep related problems with excessive sleeping and daytime somnolence have been documented with an Epworth sleepiness scale. These problems started after initiation of the patient's current medication regimen. On 10/24/2013, the chiropractor for the patient documented elevated blood pressure of 131/101 and requested cardiopulmonary testing to determine if there are any autonomic abnormalities. There is also a request for consultation with anesthesiologist, [REDACTED]. Although his name is not formally mentioned in the request, the treating provider has requested consultation with Internal Medicine prior to receiving epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A REFERRAL FOR A CONSULTATION [REDACTED] Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Procedure, Summary. Updated 10/2013.

**Decision rationale:** The provided medical records do not provide an adequate rationale for the request for consultation with [REDACTED]. The request for consultation states the need for medication management. However, it is not documented what medications the patient is on, who the prescriber is, whether the prescriber is unable to manage the medications on his or her own, and why [REDACTED] specialty and expertise are necessary to manage medications. Therefore, the request is not medically necessary.

**CARDIORESPIRATORY TESTING:** 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) Pulmonary testing. Other Medical Treatment Guideline or Medical Evidence: JNC Report on Evaluation and Management of hypertension, 7th and 8th iterations. Available freely online. See also: Harrison's Principles of Internal Medicine. Section on Cardinal Manifestations of disease under Chapter "Dyspnea".

**Decision rationale:** Cardio-pulmonary testing is recommended when the diagnosis of cause of dyspnea is not clear from clinical examination. Cardio-pulmonary testing is also pursued for assessing pulmonary and cardiovascular rehabilitation after myocardial infarction or as part of a pulmonary rehabilitation program. The injured worker has a diagnosis of hypertension but it is not the standard of care to perform cardio-pulmonary testing for evaluation of hypertension. Therefore, the request is not medically necessary.