

Case Number:	CM13-0055383		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2012
Decision Date:	03/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 30 year old man who has a date of injury of 4/1/12. He was seen by his primary treating physician on 7/8/13. He had complaints of 4/10 low back pain radiating to his left leg. His pain was reduced by rest, activity modification and heat. He has had reduced daytime alertness due to medication and difficulty with sexual functioning. He finds the use of cyclobenzaprine and gabapentin and vicodin helpful in reducing sequelae from his injury and is sleeping better since beginning these medications. He had been undergoing physiotherapy and acupuncture which were helpful as were a home exercise kit, heat and cold therapy and an electrical nerve stimulator. His physical exam was significant for pain with straight leg raise bilaterally in sciatic distribution. He had no loss of sensation in his lumbar dermatomes. His lumbar spine flexion and extension were reduced. He was diagnosed with degeneration and displacement of lumbar intervertebral disc without myelopathy, left L5 radiculopathy, spinal stenosis and lumbar facet joint hypertrophy L5-S1, thoracic or lumbosacral neuritis or radiculitis, psychosexual dysfunction, insomnia and dysthymic disorder. It appears that the testing in question was ordered as pre-operative clearance for lumbar epidural steroid injections. Other records indicate that he is 'borderline hypertensive'. His vitals on 7/5/13 physician visit show a blood pressure of 142/86 and pulse of 90. Cardiopulmonary exams are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult referral for medication with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: In this 30 year old injured worker with chronic back pain, the request for a consult referral for medication with [REDACTED] is non-specific. His pain is currently being managed by his current medical regimen with improved sleep, though some daytime sleepiness. Per the MTUS, multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, a physical/occupational therapies) are most effectively used when undertaken within a coordinated, goal oriented, functional restoration approach which is the approach being taken with this injured worker and he is on limited current medications. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based. When effective, medications provide a degree of analgesia that permits the patients to engage in rehabilitation, improvement of activities of daily living, or return to work. There are no drugs that have been proven to reverse, cure, or "heal" chronic pain. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential according to the Medical Board of California Pain Guidelines for controlled substances. The medical records do not support the medical necessity of consult referral for medication with [REDACTED].

Cardio respiratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th Edition, Chapter 10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Estimation of cardiac risk prior to noncardiac surgery

Decision rationale: This 30 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities other than 'borderline hypertension' documented in the records. Cardiorespiratory testing is very non-specific. The 2007 ACC/AHA guidelines recommends that the estimation of perioperative risk should integrate major, intermediate, and minor predictors of cardiac risk, functional capacity, the surgery-specific risk, and, when indicated, the results of noninvasive studies, including stress testing. In this injured worker with no active cardiac symptoms undergoing low risk procedure, cardio respiratory preoperative testing would be indicated. The records do not support the medical necessity of cardio respiratory testing.

Pulmonary function and stress testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Evaluation of preoperative pulmonary risk

Decision rationale: This 30 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities other than 'borderline hypertension' documented in the records. Up-to-date and the 2006 American College of Physicians guideline recommends that clinicians not use preoperative spirometry routinely for predicting the risk of postoperative pulmonary complications. PFTs may be indicated in patients with COPD or asthma if clinical evaluation cannot determine if the patient is at their best baseline and that airflow obstruction is optimally reduced. PFTs may also be indicated in patients with dyspnea or exercise intolerance that remains unexplained after clinical evaluation. The records do not support the medical necessity of pulmonary function and stress testing.