

Case Number:	CM13-0055500		
Date Assigned:	06/11/2014	Date of Injury:	10/28/2005
Decision Date:	08/08/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 43 year old male with date of injury 10/28/05. The mechanism of injury is stated as repetitive use and lifting heavy objects. The patient has complained of lower back pain with radiation to the bilateral lower extremities, left knee pain and wrist pain since the date of injury. He has been treated with lumbar spine surgery x 2, left knee arthroscopic surgery and bilateral carpal tunnel release. He has also been treated with physical therapy, epidural corticosteroid injections and medications. MRI of the lumbar spine performed in 08/2011 revealed hardware at L5-S1 with evidence of decompressive wide laminectomy and central decompressive laminectomy defect at L4-L5. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral paraspinous lumbar musculature, positive straight leg raise bilaterally, antalgic gait. Diagnoses: lumbosacral radiculitis, lumbar spine disc disease, chronic lower back pain, left knee pain. Treatment plan and request: sleep study 2 nights at patient's residence with pulse ox and nasal function, cardiorespiratory testing, autonomic function assessment, cardio-vagal innervation, vasomotor adrenergic innervation, ekg.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY, 2 NIGHTS AT THE PATIENT'S RESIDENCE WITH PULSE OX AND NASAL FUNCTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation 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), Polysomnography.

Decision rationale: This 43 year old male has had lower back pain with radiation to the bilateral lower extremities, left knee pain and wrist pain since the date of injury 10/28/05. He has been treated with lumbar spine surgery x 2, left knee arthroscopic surgery, bilateral carpal tunnel release, physical therapy, epidural corticosteroid injections and medications. The current request is for a sleep study, 2 nights at the patient's residence with pulse ox and nasal function. Per the ODG guidelines cited above, a sleep study is recommended only after six months of complaint of insomnia with symptoms being present for greater than or equal to 4 nights per week, that is unresponsive to behavioral interventions and sleep promoting medications and exclusion of psychiatric conditions. There is no such documentation of symptoms or evaluation present in the available medical records. On the basis of the ODG guidelines and medical documentation available, sleep study is not indicated as medically necessary in this patient.

CARDIO-RESPIRATORY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: www.UpToDate.com.

Decision rationale: This 43 year old male has had lower back pain with radiation to the bilateral lower extremities, left knee pain and wrist pain since the date of injury 10/28/05. He has been treated with lumbar spine surgery x 2, left knee arthroscopic surgery, bilateral carpal tunnel release, physical therapy, epidural corticosteroid injections and medications. The current request is for cardiorespiratory testing. Per the reference cited above, cardiorespiratory testing is indicated to evaluate the exercise capacity and predict outcomes in patients with diagnoses of heart failure and other cardiac conditions. The available medical records provide no documentation of cardiac diagnoses or conditions present in this patient. On the basis of the current medical recommendations and provided documentation, cardiorespiratory testing is not indicated as medically necessary in this patient.

AUTONOMIC FUNCTION ASSESSMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: www.UpToDate.com.

Decision rationale: This 43 year old male has had lower back pain with radiation to the bilateral lower extremities, left knee pain and wrist pain since the date of injury 10/28/05. He has been treated with lumbar spine surgery x 2, left knee arthroscopic surgery, bilateral carpal tunnel release, physical therapy, epidural corticosteroid injections and medications. The current request is for autonomic function assessment. Per the reference cited above, autonomic function assessment is considered investigational. On the basis of the lack of medical evidence to support this procedure, autonomic function assessment is not indicated as medically necessary in this patient.

CARDIO-VAGAL INNERVATION; VASOMOTOR ADRENERGIC INNERVATION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: www.UpToDate.com.

Decision rationale: This 43 year old male has had lower back pain with radiation to the bilateral lower extremities, left knee pain and wrist pain since the date of injury 10/28/05. He has been treated with lumbar spine surgery x 2, left knee arthroscopic surgery, bilateral carpal tunnel release, physical therapy, epidural corticosteroid injections and medications. The current request is for cardio-vagal innervation, vasomotor adrenergic innervation. There is no medical documentation provided in the available medical records to support the use of this procedure in this patient. There is no medical rationale in the provider notes for use of this procedure. On the basis of this lack of documentation, cardio-vagal innervation, vasomotor adrenergic innervation is not indicated as medically necessary in this patient.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: www.UpToDate.com.

Decision rationale: This 43 year old male has had lower back pain with radiation to the bilateral lower extremities, left knee pain and wrist pain since the date of injury 10/28/05. He has been treated with lumbar spine surgery x 2, left knee arthroscopic surgery, bilateral carpal tunnel release, physical therapy, epidural corticosteroid injections and medications. The current request is for an ekg. There is no documentation in the available medical records of a cardiac condition or other condition necessitating obtaining an ekg at this time. The provider notes lack documentation of medical reasoning for obtaining this procedure. On the basis of this lack of documentation, ekg x 1 is not indicated as medically necessary at this time.

