

<b>Case Number:</b>	CM13-0056024		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family 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:

This is a 42 year old female who reported an industrial injury to the low back, right shoulder, and right knee on 3/27/2012, 2 years ago, attributed to the performance of her customary job tasks. The patient complained of continued low back pain, right knee, and right shoulder pain that was intermittent nature. The objective findings on examination included decreased range of motion to the lumbar spine; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; SLR was positive bilaterally; right shoulder range of motion was decreased and painful; 3+ tenderness to palpation of the AC joint, anterior shoulder, lateral shoulder, and super spinal; 3+ tenderness to palpation of the lateral knee and medial knee; McMurray's test positive. The diagnoses included lumbar disparate fusion, lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, right knee internal derangement, right knee sprain/strain, loss of sleep, sleep disturbance, elevated blood pressure and hypertension. The patient was documented to have the comorbidities of dyspnea and respiratory abnormalities, sleep disturbance, primary pulmonary hypertension, organic sleep apnea, obstructive sleep apnea, sleep-related hypoventilation and hypoxemia, chronic airway instruction, Cheyne-Stokes respiration. The treatment plan included pulmonary stress testing; cardiorespiratory testing autonomic function assessment cardio vagal innervation, vasomotor adrenergic innervation, EKG; testing of autonomic nervous system function, cardio vagal innervation parasympathetic function including heart rate response the breathing was recorded RR interval; valsalva ratio; testing of autonomic nervous system function vasomotor adrenergic innervation sympathetic adrenergic function including beat to beat blood pressure and are-our enteral changes during Valsalva maneuver and at least 5 min. of passive tilt; rhythm ECG 1-3 leaves with interpretation and report.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CARDIO-RESPIRATORY TESTING, AUTONOMIC FUNCTION ASSESSMENT: CARDIOVAGAL INNERVATION: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7 page 127;and the Official Disability Guidelines (ODG) Pulmonary Chapter--PFT; polysomnography.

**Decision rationale:** There is no demonstrated medical necessity for the Impedance Cardiogram for the treatment of the effects of the industrial injury and the treatment is directed to the underlying medical issues of the patient. The documented objective findings by the requesting physician during the evaluation of the injury to the lower back, shoulder, and knee does not support the medical necessity for an Impedance Cardiogram or Cardio-respiratory testing, autonomic function assessment: cardiovagal innervation. The documented blood pressure is normal does not support the medical necessity for the ordered Impedance Cardiogram. The objective findings on examination did not support the medical necessity for the requested Impedance Cardiogram or the ordered Ambulatory blood pressure monitoring. The test was directed to underlying medical comorbidities. There was no documented cardiac evaluation of this patient by the requesting physician with no provided rationale to demonstrate a nexus to the cited mechanism of injury. There was no rationale by the requesting physician supported by objective evidence that the impedance cardiogram was medically necessary for the evaluation of an injury to the lower back almost years after the date of injury. The requested testing was not supported by a rationale with objective evidence to support medical necessity. The request was not made by a Pulmonologist or Cardiologist after a consultation for this patient. There is no rationale by the requesting provider as to how the testing would influence the treatment plan for this patient. As such, the request is not medically necessary.

### **CARDIO-RESPIRATORY TESTING, AUTONOMIC FUNCTION ASSESSMENT: VASOMOTOR ADRENERGIC INNERVATION: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7, page 127; the Official Disability Guidelines (ODG) Pulmonary Chapter--PFT, polysomnography; and the Disciplinary Guidelines for the general practice of Medicine.

**Decision rationale:** There is no objective evidence provided by the requesting provider of any pulmonary injury as a result of the DOI, 2 years ago. The patient is noted to complain of underlying comorbidity issues such as shortness of breath; however, the pulmonary examination of the lungs documented no evidence of pulmonary compromise. There was no specific documented examination of the pulmonary system by a medical doctor. There is no provided rationale supported with objective evidence to support the medical necessity of the requested Cardio-respiratory testing, autonomic function assessment: vasomotor adrenergic innervation which is being requested as a screening test. There is no nexus to the cited mechanism of injury to the low back, shoulder and knee for the requested Cardio-respiratory testing, autonomic function assessment: vasomotor adrenergic innervation. There is no documentation of any significant objective findings to the pulmonary system or lung examination in the Objective findings documented by the requesting physician. There is no documented portable measurements of the FVC or FEV1 upon examination. The test was directed to underlying medical comorbidities. The requesting provider has established no nexus for the requested Cardio-respiratory testing, autonomic function assessment: vasomotor adrenergic innervation to the effects of the industrial injury versus the incidental findings associated with the underlying medical issues of the patient. The request was stated to be to rule out interstitial lung disease which is not demonstrated to be an effect of the industrial injury. The requested testing was not supported with a rationale with objective evidence to support medical necessity. The request was not made by a Pulmonologist or Cardiologist after a consultation for this patient. There is no rationale by the requesting provider as to how the testing would influence the treatment plan for this patient. As such, the request is not medically necessary.

**RHYTHM ELECTROCARDIOGRAM (EKG), 1-3 LEADS:** 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 Disciplinary Guidelines for the general practice of Medicine.

**Decision rationale:** There is no demonstrated medical necessity for the "baseline EKG" and rhythm strip for the treatment of the effects of the industrial injury and the treatment is directed to the underlying medical issues of the patient. The documented objective findings during the evaluation of the accepted industrial injury to the low back, knee, or shoulder does not support the medical necessity for a baseline EKG. The documented blood pressure is normal does not support the medical necessity for the ordered baseline EKG. The objective findings on examination did not support the medical necessity for the requested EKG and rhythm strip. The test was directed to underlying medical comorbidities. There is no demonstrated aggravation or exacerbation of the patient's HTN almost 2 1/2 years after the DOI. The ECG or EKG was not ordered by a medical doctor with a rationale providing a nexus to the cited mechanism of injury. As such, the request is not medically necessary.