

Case Number:	CM13-0056790		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2012
Decision Date:	07/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 claimant is a 31 yo female who sustained a work related injury on 05/14/2012. While working as a server she slipped and fell injuring her right shoulder, right knee, right hand, and low back. Her diagnoses include chronic low back related to lumbar disc herniations, lumbar paraspinal muscle spasms, lumbar radiculitis/radiculopathy, cervical strain/sprain, cervical radiculitis/radiculopathy, right shoulder adhesive capsulitis, right wrist and right knee internal derangement/chondromalacia patella. She continues to complain of low back pain and bilateral knee pain and on exam has tenderness to palpation of both knees, and limited range of lumbar motion with spasm. Treatment has included medical therapy including opioids, physical therapy, acupuncture, and extracorporeal shockwave therapy. The treating provider has requested a urinalysis every 4-6 weeks, 6 acupuncture sessions for the right knee, an autonomic function assessment, pulmonary function testing, stress testing, and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINALYSIS EVERY 4-6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. There is no documentaiton indicating the claimant continues to be prescribed opiates. In addition urine drug screening is indicated both at the outset of prescibing and during the patient's treatment. Screening is recommended twice yearly for all chronic non-malignant pain patients receiving opioids. There is a lack of clear evidence for the requested frequent urine testing. Therefore, the requested urinalysis every 4-6 weeks is not medically necessary.

SIX ACUPUNCTURE SESSIONS FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is medically necessary and indicated for treatent of the climant's chronic knee pain. Per the reviewed guidelines, acupunture is recommended one to three sesssions for the treatment of chronic musculoskeletal pain. The guidelines also suggest functional improvement should be seen within three to six treatments. Therefore, the medical necessity for the requested six acupuncture treatments has been established.

ONE CARDIO-RESPIRATORY TESTING (AUTONOMIC FUNCTION ASSESSMENT):
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) Regarding Pulmonary Function Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Autonomic Function Test.

Decision rationale: Modern autonomic function tests can non-invasively evaluate the severity and distribution of autonomic failure. They have sufficient sensitivity to detect even subclinical dysautonomia. Standard laboratory testing evaluates cardiovagal, sudomotor and adrenergic autonomic functions. Cardiovagal function is typically evaluated by testing heart rate response to deep breathing at a defined rate and to the Valsalva maneuver. Sudomotor function can be evaluated with the quantitative sudomotor axon reflex test and the thermoregulatory sweat test. Adrenergic function is evaluated by the blood pressure and heart rate responses to the Valsalva maneuver and to head-up tilt. Tests are useful in defining the presence of autonomic failure, their natural history, and response to treatment. They can also define patterns of dysautonomia that are useful in helping the clinician diagnose certain autonomic conditions. In this case, there is no documentation indicating the claimant has any work related issues related to the concern for

autonomic dysfunction. Therefore, the requested cardio-respiratory testing (autonomic function assessment) is not medically necessary.

ONE PULMONARY FUNCTION 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), Pulmonary (Acute & Chronic) Regarding Pulmonary Function Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Pulmonary Function Tests.

Decision rationale: Pulmonary function tests are a group of tests that measure how well the lungs take in and release air and how well they move gases such as oxygen from the atmosphere into the body's circulation. Spirometry measures airflow. In a spirometry test, while you are sitting, you breathe into a mouthpiece that is connected to an instrument called a spirometer. The spirometer records the amount and the rate of air that you breathe in and out over a period of time. Based upon review of the records provided, the medical necessity for the requested item has not been established.

ONE SLEEP DISORDERED BREATHING RESPIRATORY STUDY: 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) Sleep Studies (Polysomnography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine; Evaluation and Treatment of Sleep Apnea 2012.

Decision rationale: There is no documentation provided necessitating the requested sleep study. Sleep studies are tests that record the body activity during sleep. They are helpful in identification of sleep disorders. Polysomnography a type of sleep study, is the gold standard to rule out obstructive sleep apnea. If a home study does not find obstructive sleep apnea, but the patient still complains of unrefreshing sleep and daytime sleepiness, an in-lab polysomnogram may be necessary to find other possible disorders. There is no documentation that the claimant has excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, or insomnia for at least six months. Medical necessity for the requested item has not been established.

ONE STRESS TEST: 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 ACC/AHA Guidelines for Cardiac Imaging 2012.

Decision rationale: The specific cardiac imaging study should be determined after the cardiology evaluation. In general, noninvasive stress testing is best directed at patients considered to be at intermediate clinical risk (diabetes, stable CAD, compensated heart failure) who are scheduled to undergo intermediate- or high-risk surgery. A thorough evaluation of appropriately selected patients will also afford an assessment of cardiac prognosis over the long term. Exercise stress is preferred in patients capable of achieving adequate workloads; radionuclide techniques should be reserved for patients whose baseline ECGs render exercise interpretation invalid or who require pharmacologic stress because of the inability to exercise. There is no indication of any underlying cardiac issues. Medical necessity for the requested item has not been established.