

Case Number:	CM13-0057040		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2011
Decision Date:	04/01/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 patient is a 52-year-old male who reported an injury on 06/01/2011. The mechanism of injury was not provided. The patient's diagnosis was noted to be benign essential hypertension. The patient's medications were noted to be Ramipril, Hydrochlorothiazide, and omeprazole. The patient was noted to be feeling well and blood pressure was under control. The patient's blood pressure was 112/70. The request per the Application for Independent Medical Review was for retro labs, urinalysis, and an electrocardiogram (EKG) or echo with Doppler studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ (British Medical Journal) Publishing Group, Ltd, London, England; www.clinicalevidence.com., section Diabetes, condition: hypertension; Merck Manual, Clinical Decision making, Testing, (March 2012)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Nonsteroidal anti-inflammatory drugs) Page(s): 69.

Decision rationale: The California MTUS guidelines indicate that the package inserts for NSAIDs (Nonsteroidal anti-inflammatory drugs), recommend periodic lab monitoring of a CBC

(Complete Blood Count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There was a lack of documentation indicating the blood work that was being requested. There was a lack of documentation submitted for review indicating a necessity for the testing. Given the above, the request for retrospective blood work is not medically necessary.

Retrospective urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ (British Medical Journal) Publishing Group, Ltd, London, England; www.clinicalevidence.com., section Diabetes, condition: hypertension; Merck Manual, Clinical Decision making, Testing, (March 2012)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Nonsteroidal anti-inflammatory drugs) Page(s): 69.

Decision rationale: The California MTUS guidelines indicate that the package inserts for NSAIDs (Nonsteroidal anti-inflammatory drugs), recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There was a lack of documentation indicating the urinalysis that was being requested. There was a lack of documentation submitted for review indicating a necessity for the testing. Given the above, the request for retrospective urinalysis is not medically necessary.

Retrospective Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.clinicalevidence.com., section Diabetes, condition: hypertension; Merck Manual, Clinical Decision making, Testing, (March 2012)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm> <http://www.webmd.com/heart-disease/echocardiogram>

Decision rationale: Per the National Institute of Health, an electrocardiogram (EKG) is used to determine if the person has heart disease. It may be ordered if the patient had chest pain or palpitations, had heart problems in the past, or had a strong history of heart disease in the family. The clinical documentation submitted for review failed to indicate the above. There was a lack of documentation submitted requesting the service to indicate a necessity for the service and an EKG would not be medically supported. Per WebMD.com, a Doppler echocardiogram is used to determine how blood flows through the heart chambers, heart valves, and blood vessels. There was a lack of documentation indicating a necessity for the requested test. Given the above, the

request for a retrospective electrocardiogram (EKG or echo with Doppler) is not medically necessary.