

Case Number:	CM13-0062720		
Date Assigned:	12/30/2013	Date of Injury:	05/28/1998
Decision Date:	06/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Pulmonary Disease 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:

The injured worker is a 62-year-old male with a reported date of injury on 05/28/1998. The mechanism of injury was not provided within the documentation available for review. The clinical note dated 11/08/2013, the physician indicated the injured worker had right upper quadrant abdominal pain. The injured worker's diagnoses included worsening bilateral knee pain, chronic pain state with chronic headaches, hypertension, GERD, anxiety, insomnia, dyslipidemia, overweight, erectile dysfunction, xerostomia, chest wall pain, prostatism, and type 2 diabetes. The injured worker's medication regimen included Zantac, Atenolol, triamterene, Cymbalta, Seroquel, Metformin, Diovan, Norco, Allopurinol, Naproxen, Glyburide, Doxepin, Elmiron, Doxazosin Mesylate, Pilocarpine, Aspirin, and Excedrin. The request for authorization for abdominal ultrasound to evaluate abdominal pain quantity 1, carvedilol 25 mg twice a day quantity 60, and neurological consultation to evaluate headaches and paresthesia was submitted but not signed or dated. Within the clinical note dated 11/08/2013, the physician indicated that he was requesting authorization for an abdominal ultrasound to evaluate abdominal pain. In addition, he requested authorization for a neurological consult to evaluate headaches and paresthesia. The physician indicated he discontinued the Atenolol and requested to change to carvedilol 25 mg twice a day due to the fatigue he believed the use of Atenolol caused.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABDOMINAL ULTRASOUND TO EVALUATE ABDOMINAL PAIN: 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) Hernia, Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging

Decision rationale: The Official Disability Guidelines recommend ultrasound as indicated. Ultrasonography does not play a significant role in routine evaluation. The criteria for diagnostic ultrasound would include scar tissue, adhesions, muscle spasm. Imaging is not recommended except in unusual situations. Ultrasound can accurately diagnose hernias and this must justify its use in assessment of occult hernias. In experienced hands, ultrasound is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. According to the clinical documentation provided for review, the injured worker complained of abdominal pain on 11/08/2013. The clinical note dated 11/13/2013 and 12/18/2013 do not address the issue of abdominal pain. In addition, the 11/08/2013, documented that there is no enlargement noted over the area the injured worker designated the pain is located. There is a lack of documentation to functional deficits and continued pain after 11/08/2013. Therefore, the request for Abdominal Ultrasound to evaluate abdominal pain, QTY 1 is not medically necessary.

CARVEDILOL 25MG BID: 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).

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: Medicinenet.com

Decision rationale: The Carvedilol or Coreg is used by itself or with a diuretic to control high blood pressure. Coreg also may be used in combination with other drugs to manage mild or moderate congestive heart failure. When combined with other treatments for heart disease among patients with recent heart attacks, carvedilol can reduce the risk of a second heart attack by 40% and increase survival among patients with congestive heart failure. Within the clinical note dated 11/08/2013, the physician indicated that he was discontinuing Atenolol related to the injured worker's fatigue. The provider also prescribed carvedilol 25 mg twice per day. The injured worker has a diagnosis of hypertension; however, congestive heart failure was not indicated. The injured worker's blood pressure on 11/08/2013 was 148/88. The clinical note dated 11/13/2013 and 12/18/2013 do not address the injured worker's hypertension. The therapeutic effect of changing from Atenolol to Coreg is not documented within the clinical notes provided for review. There is a lack of documentation indicating the injured worker's blood pressure with the use of Coreg. Therefore, the request for Carvedilol 25 mg, twice a day, QTY 60 is not medically necessary.

NEUROLOGICAL CONSULTATION TO EVALUATE HEADACHES AND PARESTHESIAS: 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) Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits of the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the health care system through self-care as soon as clinically feasible. In the documentation provided for review dated 11/08/2013, the physician indicated the injured worker has chronic headaches. In addition, the physician requested a neurology consult to evaluate headaches and paresthesia. The clinical notes dated 11/13/2013 and 12/18/2013 do not address the headaches or paresthesia. There is a lack of documentation related to the continued complaint of headaches, and the functional deficits related to those headaches. Therefore, the request for Neurological Consultation to evaluate headaches and paresthesia is not medically necessary.