

Case Number:	CM13-0064558		
Date Assigned:	04/04/2014	Date of Injury:	12/29/2003
Decision Date:	09/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational 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 patient is a 59 y/o former male fire fighter that has several claims based on acute and accumulative injury. Included in the claims are coverage for the heart and hypertension. He has had multiple orthopedic and internal medicines Agreed Medical Evaluations. He has had significant cardiac testing including prior stress tests and ultrasound testing. On 6/12/13 the patient was evaluated by a Cardiologist who performed updated testing and concluded he had non-cardiac chest pain. It is specifically documented by the Cardiologist that no further testing needed to be ordered at that time and he was to follow up in 1 year or sooner if there were problems. Subsequent to this, his primary treating physician (family practice) evaluated him on 11/20/13 and documented that there were no new complaints and his cardiac symptoms had improved. There is no report of increased symptoms in the interval between 6/12/13 and 11/20/13. The primary Dr. has ordered an EKG, 2-D echo and treadmill stress test. There is no documentation of discussions with the treating Cardiologist nor is there documentation why he would not be referred to the treating Cardiologist if special testing is necessary. This patient has also had several medical legal evaluations regarding causation of his parotid and thyroid cancer. These are currently considered cured. There have also been 5 neurological evaluations all of which consistently concluded the patient has a persistent headache syndrome secondary to his cervical problems. There is a well established history of erectile dysfunction that is treated with medications. Laboratory testing has revealed evidence of early renal insufficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROCARDIOGRAM (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-tests/echocardiogram-hw212692.html>.

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: https://my.americanheart.org/idc/groups/ahaecc-internal/@wcm/@sop/documents/downloadable/ucm_423807.pdf page 17.

Decision rationale: The same rationale and guideline will be utilized for the cardiac requests reviewed. The EKG, 2D echocardiogram and stress echocardiogram are reported to be to evaluate the patient for coronary artery disease. Traditional MTUS guidelines do not address these issues, but the American Heart Society and the US Preventative Services has issued guidelines on various cardiac conditions. A consistent standard to order such testing should be a worsening condition or new symptoms that support such testing. A few months prior this potential diagnosis had been evaluated by a cardiac specialist and no further testing was recommended unless there was a change in his condition. No change is documented, in fact it is documented that he was doing better in this regards. The cardiac specialist welcomed follow up and it is unclear why a specialist in family practice would not at least consult with the treating cardiologist before ordering additional testing. The testing does not appear medically necessary.

2D ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-tests/echocardiogram-hw212692.html>.

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: <http://circ.ahajournals.org/content/95/6/1686.full#sec-1>, Preamble.

Decision rationale: The same rationale and guideline will be utilized for the cardiac requests reviewed. The EKG, 2D echocardiogram and stress echocardiogram are reported to be to evaluate the patient for coronary artery disease. Traditional MTUS guidelines do not address these issues, but the American Heart Society and the US Preventative Services has issued guidelines on various cardiac conditions. A consistent standard to order such testing should be a worsening condition or new symptoms that support such testing. A few months prior this potential diagnosis had been evaluated by a cardiac specialist and no further testing was recommended unless there was a change in his condition. No change is documented, in fact it is documented that he was doing better in this regards. The cardiac specialist welcomed follow up and it is unclear why a specialist in family practice would not at least consult with the treating cardiologist before ordering additional testing. The testing does not appear medically necessary.

STRESS ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-tests/echocardiogram-hw212692.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Guidelines on EKG testing.

<http://www.uspreventiveservicestaskforce.org/uspstf11/coronarydis/chdfinalrs.htm> page 1.

Decision rationale: The same rationale and guideline will be utilized for the cardiac requests reviewed. The EKG, 2D echocardiogram and stress echocardiogram are reported to be to evaluate the patient for coronary artery disease. Traditional MTUS guidelines do not address these issues, but the American Heart Society and the US Preventative Services has issued guidelines on various cardiac conditions. A consistent standard to order such testing should be a worsening condition or new symptoms that support such testing. A few months prior this potential diagnosis had been evaluated by a cardiac specialist and no further testing was recommended unless there was a change in his condition. No change is documented, in fact it is documented that he was doing better in this regards. The cardiac specialist welcomed follow up and it is unclear why a specialist in family practice would not a least consult with the treating cardiologist before ordering additional testing. The testing does not appear medically necessary.

Nephrology Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines support appropriate referrals and use of specialists if the problems are beyond the expertise of the treating physician. Laboratory testing has revealed mild renal insufficiency, which supports the evaluation and recommendations of a renal specialist. The Nephrology consult appears medically reasonable.

Ophthalmology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 24 ; 80.

Decision rationale: MTUS Guidelines support the appropriate consultation and use of specialists for medical treatment. However, the Guidelines also document what a reasonable standard of medical assessment and documentation to justify a referral. The requesting physician does not provide any documentation regarding the medical necessity of an Ophthalmology consult. There are no unique circumstances to justify an exception to Guideline standards. The request for the Ophthalmology Consult is not medically necessary.

Toxicology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 24; 80.

Decision rationale: MTUS Guidelines support the appropriate consultation and use of specialists for medical treatment. However, the Guidelines also document what a reasonable standard of medical assessment and documentation to justify a referral. The requesting physician does not provide any documentation regarding the medical necessity of a Toxicology consult. The rationale for the request is determine causation and not for treatment. The issues of causation have been extensively addressed and the cancer is considered cured. There are no unique circumstances to justify an exception to Guideline standards. The request for the Toxicology consult is not medically necessary.

Urology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 24; 80.

Decision rationale: MTUS Guidelines support the appropriate consultation and use of specialists for medical treatment. However, the Guidelines also document what a reasonable standard of medical assessment and documentation to justify a referral. The requesting physician

does not provide any documentation regarding the medical necessity of a Urology consult. The rationale for the request is for erectile dysfunction. This medical problem has been medically evaluated and is currently treated with medications. There is no documentation by the requesting physician establishing the medical need for another Urology evaluation. There are no unique circumstances to justify an exception to Guideline standards. The request for the Toxicology consult is not medically necessary.

ENT Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24; 80.

Decision rationale: MTUS Guidelines support the appropriate consultation and use of specialists for medical treatment. However, the Guidelines also document what a reasonable standard of medical assessment and documentation to justify a referral. The requesting physician states that the patient complains of hearing loss, however there is no evaluation of the ears and there is no testing performed such as an audiogram to establish if there is hearing loss prior to a referral. There are no unique circumstances to justify an exception to Guideline standards. Under these circumstances the request for the ENT consult is not medically necessary.