

Case Number:	CM14-0006068		
Date Assigned:	03/03/2014	Date of Injury:	10/03/2008
Decision Date:	08/21/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 is a 49 year-old female who has reported industrial chemical exposures and seizures over time, with a listed date of injury on October 3, 2008. She has seen multiple physicians and has had tests including Computerized tomography scans, Electrocardiography (EKGs), and laboratory work. No significant pathology has been found to date. Headaches and fainting spells date back to May 2003. An Agreed Medical Examiner concluded that the injured worker had hyperventilation and anxiety rather than a seizure disorder. On 11/22/13 the injured worker had an initial evaluation with an internal medicine physician. The claimant's Chief Complaints included orthopedic, gastrointestinal, and nervous system. The history included a brief account of seizures, and mention of headaches, nausea from unspecified medications, and occasional vomiting, with no further details for any gastrointestinal symptoms. Chemical exposure was briefly described, with no specific chemicals discussed. Current medications included Keppra, naproxen, tizanidine, omeprazole, and meclizine. The review of systems included shortness of breath, no cardiac symptoms, abdominal pain, nausea, and no vomiting or bleeding. Vital signs were normal. The abdomen was obese and was tender in the epigastric area. The treatment plan included labs and an abdominal ultrasound for abdominal pain and nausea. The content of the labs was not discussed. A baseline EKG was prescribed, with no specific indications listed. An ICG was prescribed, with no further details of the test or its indications. A urine drug screen was prescribed, with no further details of the test or its indications. On December 26, 2013, Utilization Review non-certified the services now under Independent Medical Review, noting the lack of sufficient clinical reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnostic approach to chest pain in adults.

Decision rationale: The treating physician provided no specific indications for an Electrocardiography (EKG). The injured worker has had prior EKG's which were reported as normal. No specific cardiac pathology was evident now during the clinical examination. An EKG would be indicated only if there were to be specific clinical indications, as per the above guideline for evaluation of chest pain. Although the treating physician provided no specific indications for the EKG in this case, the cited guideline is one that might be applied for some clinical situations. For patients with possible cardiac chest pain, an EKG would be indicated. Given the lack of any clear indications, the lack of any likely cardiac pathology discussed by the treating physician, and the cited guidelines, an EKG is not medically necessary.

INDOCYANINE GREEN CHORIOANGIOGRAPHY (ICG): Upheld

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

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: This Request Is For Procedure That Does Not Exist.

Decision rationale: This request is unclear. The clinician requests an Indocyanine Green Chorioangiography (ICG) which has been defined in the Independent Medical Review application as indocyanine green chorioangiography. The treating physician did not discuss this procedure in his report, making it impossible to determine exactly what was requested. This specific procedure does not appear to exist, although it closely mirrors indocyanine green cholangiography which is a procedure sometimes performed during laparoscopic cholecystectomy to prevent injury to the biliary tree. Additionally ICG can refer to impedance cardiography. Given the unclear nature of the request and the lack of any information from the treating physician about the nature and indications of the test, the ICG is not medically necessary. It is not possible to cite the most relevant guideline, as the identity of the test is in question, and there are no stated indications.

URINE TOXICOLOGY SCREEN TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing urine drug screens to assess for the use or the presence of illegal drugs.drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.Opioid contracts: (9) Urine drug screens may be requiredOpioids, steps to avoid misuse/addiction Page(s): 43, 77, 78, 89, 94.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen, and did not discuss this test in his report. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the California Medical Treatment Utilization Schedule (MTUS), or for a few other, very specific clinical reasons. The California MTUS citations listed above discuss the necessity for a urine drug screen as part of an opioid therapy program or when there is concern about drug misuse. There is no evidence in this case that opioids are prescribed or that there is concern about drug misuse. The treating physician has not listed any other reasons to do the urine drug screen. The details of testing have not been provided. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

LABS (TSH, AMYLASE, LIPASE, CMP, CBC, H PYORI AB): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnostic approach to abdominal pain in adults.

Decision rationale: The treating physician mentioned labs in his report but did not discuss any specific tests or their indications. The treating physician did not provide any specific indications for thyroid testing, H. Pylori testing, amylase or lipase, a complete blood count, or chemistry panel. The indications for each of these tests is vast, and includes diseases of the thyroid, gastrointestinal system, and many internal organs. Tests should not be performed without specific indications. Given that the treating physician has not provided specific indications for each and all of these tests, they are not medically necessary. It is not possible to provide the most relevant guideline, given the lack of specific indications and clinical information. A sample guideline is cited above, with specific indications for testing and evaluation of chronic abdominal pain. The clinical history is too minimal to allow for determination of the medical necessity of any subsequent testing.