

Case Number:	CM14-0102215		
Date Assigned:	07/30/2014	Date of Injury:	02/13/2007
Decision Date:	09/17/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal 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:

The patient is a 62 year old female who was injured on 03/20/2013 while she was driving to work when she experienced weakness in her both of her legs, especially in her right lower extremity. Prior medication history included Lipitor, Vicodin, Hydrochlorothiazide, Flexeril, anti-diabetic medication, anti-hypertensive medication, and sleep medication. Prior treatment history has included 6 weeks of physical therapy which helped temporarily. Diagnostic studies reviewed include Carotid Doppler dated 06/12/2014 demonstrated mild plaque without evidence for hemodynamically significant stenosis or occlusion; antegrade flow seen with the vertebral arteries bilaterally. Limited Abdomen procedure dated 06/12/2014 revealed mild hepatomegaly. Initial internal report dated 04/11/2014 states the patient had an increase in blood sugar and blood pressure on 03/21/2013. She noted frequent stomach upset and discomfort and feeling nauseous which she attributed to her medications. She also reported sensitivity to light with her headaches that usually lasts a whole day with intermittent ringing in the ears. She reported blurred vision on exam as well as shortness of breath and dyspnea on exertion. She has had weight loss and abdominal discomfort with acid reflux and constipation. Neurologic consultation dated 05/08/2014 states the patient presented with a diagnosis of hypertension, hyperlipidemia and diabetes and prior cerebrovascular accident (CVA) 03/2013. She reported numbness in her right fourth and fifth fingers. Her leg is still weak and has difficulty with walking. She reported she has headaches 1 to 3 days a week aggravated by stress which she rates as 4-5/10 in severity. She also reported memory loss from her stroke where she cannot find things and has difficulty remembering people's names. She is having daily neck pain without radiation to her arms 4-8/10 in severity. Her shoulder pain is constant and rated it as a 3-4/10 and low back pain rated as 3-8/10 without radiation. On exam, her blood pressure is 130/80, pulse is 78 and respirations 16. Neuro exam revealed cranial nerves II- XII are intact. Her

reflexes are 1+ in upper extremities and +2 at the knees and +1 at the ankles with downgoing toes on testing for Babinski response. Sensation is decreased in her toes. She is diagnosed with probable tension or vascular headaches; pure motor lacunar stroke, probable right ulnar neuropathy entrapment at the elbow; and history of other orthopedic injuries to her neck and back and shoulders defer to orthopedic surgeon. Recommendation is an electrocardiogram (EKG) as requested on Request for Authorization. (RFA) dated 04/11/2014 and referral to neurologist secondary to status post CVA as well. Prior utilization review dated 06/25/2014 states the request for Urine Toxicology Screen is not certified; Cardio-Respiratory Testing is not certified; 1 ICG (Impedance Cardiography) / Electrocardiogram (EKG) has been modified to certify 1 ICG between 05/15/2014 and 05/15/2014; 1 Upper Gastrointestinal Series is not certified, and 1 Neurology Consultation is not certified as there is no documented evidence to support the request; and 1 Ophthalmology consultation between 05/15/2014 and 09/22/2014 is not certified as there is no indication the request is warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The guidelines recommend urine toxicology screen to evaluate for substance abuse or monitoring in chronic opioid patients. The clinical documents provided did not adequately discuss the indication for urine toxicology screen. Many of the clinical documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for urine drug screening is not medically necessary.

Cardio-Respiratory 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, Diabetes (Type 1,2, and Gestational), Pulmonary (Acute & Chronic).

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://www.colchesterhospital.nhs.uk/cardio_respiratory.shtml.

Decision rationale: The California MTUS and ODG do not discuss the issue in dispute. There are multiple cardio-respiratory tests available to evaluate the cardiac and respiratory systems. The clinical documents did not adequately discuss the specific test with clear indication. It is not clear which test is being requested. Many of the clinical documents were handwritten and

illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for cardio-respiratory testing is not medically necessary.

1 ICG (Impedance Cardiography) / Electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Nov. 112 p. (152 references); Ferrario CM1, Flack JM, Strobeck JE, Smits G, Peters C; Individualizing hypertension treatment with impedance cardiography: a meta-analysis of published trials; Ther Adv Cardiovasc Dis. 2010 Feb; 4(1):5-16. doi: 10.1177/1753944709348236. Epub 2009 Dec 30.

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://www.asecho.org/wordpress/wp-content/uploads/2013/05/Multimodality-CV-Imaging-of-Patient-w-Hypertrophic-Cardiomyopathy.pdf>.

Decision rationale: The California MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend EKG/ICG to screen for certain cardiac diseases, such as acute coronary syndrome, left ventricular hypertrophy, etc... The clinical documents provided did not adequately discuss the indication for EKG/ICG. Many of the clinical documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for ICG (Impedance Cardiography)/Electrocardiogram (EKG) is not medically necessary.

1 Upper Gastrointestinal Series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Woodward PK, White RD, Abbara S, Araoz PA, Cury RC, Dorbala S, Earis JP, Hoffmann U, Hsu JY, Jacobs JE, Javidan-Nejad C, Krishnamurthy R, Mammen I, Martin ET, Ryan T, Shah AB, Syeiner RM, Vogel-Claussen J, White CS, Expert Panel on Cardiac Imaging. ACR Appropriateness Criteria chronic chest pain-low to intermittent probability of coronary artery disease. [online publication]. Reston (VA): American College of radiology (ACR); 2012. 6p. [37 references].

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://www.webmd.com/digestive-disorders/upper-gastrointestinal-ugi-series>.

Decision rationale: The CA MTUS and ODG do not discuss the issue in dispute. The referenced guidelines recommend upper GI series to evaluate for GI disorders including ulcer, GERD, obstruction. The clinical documents provided did not adequately discuss the indication for upper GI series. Many of the clinical documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for an upper gastrointestinal series is not medically necessary.

1 Ophthalmology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical.

Decision rationale: The ACOEM guidelines recommend referral to specialist when deemed necessary by the treating physician. The clinical documents provided did not adequately discuss the indication for the referral to Ophthalmology. Many of the clinical documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for an ophthalmology consultation is not medically necessary.

1 Neurology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cross-continuum topics in stroke management. In: Lindsay MP, Gubitz G, Bayley M, Hill MD, Davies-Schinkel C, Singh S, Phillips S, Canadian Stroke strategy best practices and Standards Writing Group. Canadian best practices recommendations for stroke care. Ottawa (ON): Canadian Stroke network; 2010 Dec 8. p. 151-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503.

Decision rationale: The ACOEM guidelines recommend referral to specialist when deemed necessary by the treating physician. The clinical documents provided did not adequately discuss the indication for the referral to Neurology. Many of the clinical documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for a neurology consultation is not medically necessary.