

Case Number:	CM14-0017016		
Date Assigned:	03/07/2014	Date of Injury:	07/08/2013
Decision Date:	04/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Practice 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 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 51-year-old female who reported an injury on 07/08/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with neck sprain/strain, brachial neuritis or radiculitis, thoracic sprain/strain, lumbar radiculopathy and left shoulder internal derangement. A request for authorization was submitted by [REDACTED] on 12/18/2013 for fasting labs, an Upper GI series and an ICG study. However, there were no physician progress reports submitted for this review by [REDACTED]. The most recent physician progress report was submitted by [REDACTED] on 10/23/2013. The patient reported constant neck pain with radiation to bilateral upper extremities, mid back pain, radiation to bilateral lower extremities and constant left shoulder pain. Physical examination on that date revealed decreased cervical and thoracic range of motion with decreased sensation in the C6 and L5-S1 dermatomes. Treatment recommendations at that time included a qualitative drug screen, continuation of current medications, ESWT, a 60 mg toradol injection, and a cervical spine epidural steroid injection

IMR ISSUES, DECISIONS AND RATIONALES

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

FASTING LABS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: This is a nonspecific request and does not include the type of laboratory tests being requested. Therefore, the request is not medically appropriate, and is non-certified

IMPEDANCE CARDIOGRAPHY (ICG) STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. Harrison's principles of Internal Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine National Institutes of Health. Clin. Transl. Sci. 2013 Dec. Value of impedance cardiography during 6-minute walk test in pulmonary hypertension. Tonelli AR1, Alkukhun L, Arelli V, Ramos J, Newman J, McCarthy K, Pichurko B, Minai OA,

Decision rationale: Impedance cardiography is also referred to as electrical impedance plethysmography. Estimation of hemodynamic parameters is feasible and may provide useful information in patients with pulmonary hypertension. There was no physician progress report submitted on the requesting date of 12/18/2013. Therefore, there is no evidence of a cardiac disorder. The medical necessity has not been established. Therefore, the request is non-certified

UPPER GI SERIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yancy C., Abraham W

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.digestive.niddk.nih.gov. National Digestive Diseases Information Clearinghouse. Page last updated April 23, 2012

Decision rationale: An Upper GII series uses x-rays to help diagnosis problems of the Upper GII tract, which include the esophagus, stomach, and duodenum. There was no physician progress report submitted on the requesting date of 12/18/2013. Therefore, there is no evidence of a gastrointestinal disorder. The medical necessity has not been established. Therefore, the request is non-certified