

Case Number:	CM14-0017548		
Date Assigned:	04/18/2014	Date of Injury:	10/26/2007
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 Emergency Medicine and is licensed to practice in New York. 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 65-year-old female with past history of diabetes and hypertension, who was injured on October 26, 2007. The patient continued to experience pain in her neck and lower back. Physical examination was notable for difficulty standing straight, decreased strength in the tibialis anterior and extensor hallucis longus muscles, decreased sensation to the dorsum of the foot, and positive right straight leg raise. Imaging studies showed facet arthrosis L2-L5 right greater than left and degenerative disc disease L3-L5. Diagnoses were spinal stenosis of the lumbar region and congenital spondylolisthesis. Treatment included physical therapy, medications, and acupuncture. Spinal surgery was recommended for treatment. Pre-operative medical clearance by medical internist was requested. The record of the medical clearance examination is not available for review. Requests for authorization for EKG, 2D echo with Doppler, stress echo, and sleep study with CPAP were submitted for consideration.

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: 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/electrocardiogram-hw213248.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date: Screening For Coronary Heart Disease.

Decision rationale: The MTUS does not address this issue. Routine screening for coronary artery disease is not recommended in adults with low risk of coronary artery disease and there is insufficient evidence to recommend for or against routine screening for coronary artery disease. In this case the patient is at increased risk of coronary artery disease because she has diabetes and hypertension. There is no indication that the patient is experiencing any symptoms of heart disease. In addition there is no information available regarding prior cardiac testing. There is insufficient documentation in the medical record to support the need for the EKG. The request should not be authorized.

2D ECHO WITH DOPPLER: 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 Up To Date: Tissue Doppler Echocardiography.

Decision rationale: The MTUS does not address this issue. Tissue Doppler echocardiography is used to assess regional left ventricular dysfunction, chronic aortic regurgitation, heart failure, to differentiate constrictive pericarditis from restrictive cardiomyopathy, and to differentiate hypertrophic cardiomyopathy from left ventricular hypertrophy. There is no indication that the patient is experiencing any of these conditions. There is insufficient documentation in the medical record to support the need for the echocardiogram. The request should not be authorized.

STRESS ECHO: 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 Up To Date: Selecting The Optimal Stress Test.

Decision rationale: The MTUS does not address this issue. Stress testing is indicated for patient's with symptoms suggesting angina, with acute chest pain, with recent acute coronary syndrome, with known coronary heart disease and change in clinical status, with prior coronary vascularization, with valvular heart disease, with atypical or non-cardiac sounding chest pain, with newly diagnosed cardiomyopathy, with chronic ventricular dysfunction, patients with select arrhythmias, and patient's with active cardiac conditions who are undergoing non-cardiac surgery. There is no indication in the medical record that the patient has any of these symptoms

or conditions. There is insufficient documentation in the medical record to support the need for the stress echocardiogram. The request should not be authorized.

SLEEP STUDY WITH CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE):

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), In Lab Polysomnograms/Sleep Studies.

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

Decision rationale: The MTIS does not address this issue. Polysomnography/sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. Polysomnogram / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended. In this case there is not documentation that the patient is suffering from any of these conditions. Medical necessity is not established. The request should not be authorized.