MAXIMUS Federal Services

Case Number:	CM14-0019614		
Date Assigned:	04/30/2014	Date of Injury:	04/12/2008
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Pulmonary Disease 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 injured worker is a 46-year-old male who reported an injury on 04/12/2008. The mechanism of injury was not provided for review. The injured worker's treatment history included epidural steroid injections, facet injections, physical therapy, chiropractic care, and multiple medications. The injured worker was evaluated on 01/09/2014. It was documented that the injured worker had continued pain complaints rated at a 7/10. Physical findings included tenderness to palpation over the low back with increasing pain secondary to lumbar range of motion, and well-healed midline cervical scar. The injured worker's treatment plan included continuation of medications. A request was made for an electrophysiology mapping cardiology procedure, and a sleep train bed. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC TEST- ELECTROPHYSIOLOGY MAPPING CARDIOLOGY PROCEDURE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Herron, T. J., Lee, P., & Kalife, J. (2012). Optical Imaging of Voltage and Calcium in Cardiac Cells & Tissues. Circulation Research, 110(4),

609-623.Trayanova, N. A. (2011). Whole-heart Modeling Applications to Cardiac Electrophysiology and Electromechanics. Circulation Research, 108(1), 113-128.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has cardiac issues. However, there is no documentation that the injured worker has undergone more traditional testing. There is no documentation that the injured worker has failed to respond to their medication regimen. The injured worker's blood pressure was documented at 110/70, with an irregular rhythm at 98 beats per minute with no skipped beats, and a 98% O2 saturation. As the injured worker appears to be stable, the need for diagnostic studies is not clearly indicated within the documentation. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address this request. However, peer-reviewed literature does recommend this type of imaging for injured workers who have uncontrolled cardiac issues. The clinical documentation does not clearly reflect that the injured worker's cardiac deficits are not responsive to current plan of treatment. It is unclear how additional diagnostic testing would contribute to treatment planning. As such, the requested diagnostic test is not medically necessary or appropriate.

DME PURCHASE- SLEEP TRAIN BED QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: California Medical Treatment Utilization Schedule does not address durable medical equipment. Official Disability Guidelines recommend durable medical equipment on a rental basis when the equipment is appropriate for medical treatment and would not benefit the injured worker in the absence of injury or illness. The objective clinical documentation does not clearly identify how a specific type of bed would contribute to reducing the injured worker's clinical symptoms. Additionally, a bed would be beneficial to a patient in the absence of injury or illness. Therefore, it would not be considered medically appropriate. As such, the requested DME purchase of a sleep train bed is not medically necessary or appropriate.