

<b>Case Number:</b>	CM14-0019808		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice, has a subspecialty in Physical Medicine & Rehabilitation 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 injured worker is a 59-year-old male who reported cumulative trauma from February 09, 1987 to December 12, 2012. The diagnoses included hypertension, hearing loss, and acid reflux. Prior treatment included physical therapy. An echocardiogram performed November 12, 2013 showed normal left ventricular size and contractility and no hemodynamically significant valvular pathology. According to the November 22, 2013 clinical note, the injured worker reported low back pain, hypertension, and acid reflux. The injured worker attributed his hypertension to stress. The injured worker's blood pressure was noted at 131/75 with medication. His medication regimen included Benicar and Vicodin. The provider noted that, on average, the injured worker's blood pressure was 120/80. The cardiac examination noted regular rate and rhythm with no rubs or gallops. The injured worker denied any blurred vision or a history of glaucoma. The provider requested a urine drug screen, labs, an electrocardiogram (EKG), impedance cardiogram (ICG), echocardiogram, ophthalmologist referral, and a prescription blood pressure monitor for further evaluation of the injured worker's hypertension. The request for authorization forms were submitted on November 22, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fasting Labs-GI Profile and Hypertension Profile:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

**Decision rationale:** The request for fasting labs-GI profile and hypertension profile is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. According to the November 22, 2013 clinical note, the injured worker reported acid reflux and hypertension. He reported experiencing gastrointestinal symptoms twice per month due to stress and medication. He had a previous colonoscopy with normal results. The injured worker had a blood pressure reading of 131/75 with medication. The provider noted that, on average, the injured worker's blood pressure was 120/80. The medical necessity for further evaluation with laboratory tests was not established. It was unclear what specific laboratory testing was included in the requested GI profile and hypertension panel. As such, the request is not medically necessary.

**Electrocardiogram (EKG), secondary to Hypertension: 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 National Library of Medicine's MedLinePlus Database ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**Decision rationale:** The request for an EKG secondary to hypertension is not medically necessary. MedlinePlus notes that an ECG is used to measure any damage to the heart, how fast the heart is beating and whether it is beating normally, the effects of drugs or devices used to control the heart (such as a pacemaker), and the size and position of the heart chambers. An ECG is usually the first test done to determine whether a person has heart disease. Providers may order and ECG if patients have chest pain or palpitations, are scheduled for surgery, have a history of cardiac issues, and if patients have a strong history of heart disease. There is no reason for healthy people to have yearly ECG tests. According to the November 22, 2013 clinical note, cardiac examination noted regular rate and rhythm with no rubs or gallops. The injured worker had a blood pressure reading of 131/75 with medication. The provider noted that, on average, the injured worker's blood pressure was 120/80. The medical records provided do not indicate the injured worker was experiencing any significant cardiac symptoms to warrant the use of an EKG. The interpretation noted sinus rhythm and normal electrocardiography. The medical necessity for an EKG was not established. The requesting physician's rationale for the request was unclear. As such, the request is not medically necessary.

**Impedance Cardiogram (ICG), secondary to Hypertension: 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 National Center for Biotechnology Information's PubMed Database ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)).

**Decision rationale:** The request for an ICG secondary to hypertension is not medically necessary. Impedance cardiography is used to assess hemodynamic parameters, including cardiac output, in patients with heart failure and other cardiac conditions. According to the November 22, 2013 clinical note, cardiac examination noted regular rate and rhythm with no rubs or gallops. The injured worker had a blood pressure reading of 131/75 with medication. The provider noted that, on average, the injured worker's blood pressure was 120/80. There is no indication of any significant cardiac pathology to warrant the use of an ICG. The medical necessity for an ICG was not established. As such, the request is not medically necessary.

## **2D Echocardiogram with Doppler, secondary to Hypertension: 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 American College of Radiology ([www.acr.org](http://www.acr.org)).

**Decision rationale:** The request for a 2D echocardiogram with Doppler, secondary to hypertension is not medically necessary. An echocardiogram performed November 12, 2013 showed normal left ventricular size and contractility, and no hemodynamically significant valvular pathology. According to the November 22, 2013 clinical note, cardiac examination noted regular rate and rhythm with no rubs or gallops. There is no indication of any significant cardiac pathology to warrant a repeat echocardiogram. As such, the request is not medically necessary.

## **Prescribed Blood Pressure Monitor: 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, Durable medical equipment (DME).

**Decision rationale:** The request for prescribed blood pressure monitor is not medically necessary. The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. DME is defined as equipment which: can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used

to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. According to the November 22, 2013 clinical note, the injured worker had a blood pressure reading of 131/75 with medication. The provider noted that, on average, the injured worker's blood pressure was 120/80. There is no indication the injured worker's hypertension was uncontrolled with his current treatment to warrant the use of a prescription blood pressure monitor. The medical necessity for a prescription blood pressure monitor was not established. As such, the request is not medically necessary.

**Urine Toxicology Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for urine drug screen is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided indicate the injured worker was taking Vicodin as needed. The dose was not provided. The provider noted there was no history of drug abuse. The rationale for the request was not provided. There is no indication of aberrant behavior or suspicion of misuse to warrant the use of a urine drug screen. The medical necessity of a urine drug screen was not established. As such, the request is not medically necessary.

**Referral to an Ophthalmologist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye, Ophthalmic consultation.

**Decision rationale:** The request for an ophthalmology referral is not medically necessary. The California MTUS/ACOEM guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The Official Disability Guidelines further state, an ophthalmic consultation is indicated for chemical burns, intraocular infections, globe ruptures or perforations, and acute glaucoma. There is a lack of documentation regarding chemical burns, intraocular infections, globe ruptures or perforations, or acute glaucoma to support the request for a referral. The provider's rationale for the request was to rule out end-organ damage secondary to hypertension. The medical records provided indicate the injured worker's hypertension was well controlled, with an average blood pressure of 120/80. The injured worker reported no ophthalmologic complaints to indicate ocular

damage. The medical necessity of an ophthalmology referral was not established. As such, the request is not medically necessary.