

Case Number:	CM14-0111666		
Date Assigned:	08/01/2014	Date of Injury:	02/14/2013
Decision Date:	09/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/17/2014

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 63 year old female who sustained a cumulative trauma on 02/14/2013. Prior treatment history has included 8 sessions of chiropractic therapy and home exercise program. Prior medication history included Ultram, Xanax, Soma, Protonix and Terocin Cream. The patient underwent heart ablation in 2010. On initial ortho evaluation, the patient presented for chest pain which she described as sharp. It increases with lifting or driving. She also had complaints of lumbar spine pain as well. On exam, her blood pressure was 155/90 with a pulse of 90 beats per minute. Her pulse ox reading was 98%. Her pressure was checked five minutes later and revealed 140/78 with a pulse of 73, pulse ox unchanged. The third reading was noted to be 134/80 with pulse rate of 76. There are no other reports of heart condition or history listed cardio workup. Progress report dated 12/24/2013 states the patient complained of pain to the cervical and lumbar spine; chest and bilateral knee pain. On exam, the lumbar spine revealed guarding and difficulty arising from a seated position. She has spasm of the paralumbar muscles. She has been diagnosed with cervical disc degeneration; knee sprain; cervical sprain; lumbar sprain; facet hypertrophy; and disc degeneration. She has been recommended for follow-up visit in 4-6 weeks as well as an EMG of bilateral upper extremities. Prior utilization review dated 06/26/2014 states the request for Follow-up visits every four (4) weeks times four (4) has been modified to certify one follow-up visit; 2D Echo is not certified as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits every four (4) weeks times four (4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

Decision rationale: As per CA MTUS/ACOEM guidelines, "physician follow-up can occur when a release to modified-, increased-, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." In general, the treating physician schedules follow up as deemed medically necessary. The clinical documents did not discuss the indication for 4 follow up visits at 4 week intervals. It is not clear why several follow up visits were required consecutively, which is generally not how appointments are scheduled. Additionally, some of the documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

2D 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/medicaltests/echocardiogram-hw212692.htm>.

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: Echocardiography Guidelines (American Society for Echocardiography Clinical Recommendations):<http://www.asecho.org/wordpress/wp-content/uploads/2013/05/Multimodality-CV-Imaging-of-Patient-w-Hypertrophic-Cardiomyopathy.pdf>.

Decision rationale: CA MTUS and ODG do not discuss 2D echo. The referenced guidelines recommend 2D Echo to evaluate for cardiac diseases such as heart failure or arrhythmias. The clinical documents did not provide adequate discussion of the indication for echocardiogram. The patient's cardiac signs/symptoms were not evident from the documents provided. Some of the documents were handwritten and illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.