

Case Number:	CM14-0127610		
Date Assigned:	08/15/2014	Date of Injury:	02/27/2014
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Medicine and is licensed to practice in North Carolina. 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 had an original date of injury of 02/27/2014 when a bench on which she was sitting collapsed, compressing her legs under the bench. She has low back pain radiating to her legs, pain in knees and pain in wrists. Her past medical history includes elevated cholesterol. She's been treated with physical therapy, home exercise program, rest, pain medications and epidural steroid injection. The request is for cardiorespiratory testing, EKG, vasomotor adrenergic innervation and pulmonary stress testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory Testing - Autonomic Function Assessment: Cardiovagal Innervation:
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 Other Medical Treatment Guideline or Medical Evidence: Clin Neurophysiol. 2006 Apr;117(4):716-30. Epub 2006 Feb 7.

Decision rationale: This type of testing might be undertaken in the investigation of syncope or near syncope. The medical record in this case describes no episodes of syncope or other near loss of consciousness. The requested testing is not medically necessary.

Vasomotor Adrenergic Innervation: 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 Other Medical Treatment Guideline or Medical Evidence: J Hum Hypertens. 2003 Mar;17(3):171-9. Reduced heart rate variability in hypertension: associations with lifestyle factors and plasma renin activity. Virtanen R1, Jula A, Kuusela T, Helenius H, Voipio-Pulkki LM.

Decision rationale: The measurement of vagal function and heart rate variability might be undertaken in an electrophysiology lab for repeated episodes of syncope or near syncope. The record in this case describes no such episodes and only documents the presence of elevated cholesterol (not industrially related) in addition to the industrially rated low back and knee pain. The requested procedure is not medically necessary.

EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The CA MTUS, ACOEM and ODG are silent on the topic of EKG. An alternate source is used for this decision. For asymptomatic adults at low risk, intermediate risk or high risk for coronary heart disease (CHD) events, the U.S. Preventive Services Task Force (USPSTF) found adequate evidence that the incremental information offered by resting or exercise electrocardiography (ECG) (beyond that obtained with conventional CHD risk factors) is highly unlikely to result in changes in risk stratification that would prompt interventions and ultimately reduce CHD-related events. There is adequate evidence that screening asymptomatic adults with resting or exercise electrocardiography (ECG) leads to harms that are at least small, including unnecessary invasive procedures, overtreatment, and labeling. The claimant in this case is low risk for cardiovascular disease and has no reported symptoms of such disease (for example, no chest pain, no shortness of breath or new exercise intolerance). Therefore, an EKG is not medically necessary.

Pulmonary Stress Testing: 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) Pulmonary section.

Decision rationale: The CA MTUS and ACOEM are silent of pulmonary testing. The ODG allows that pulmonary function testing may be undertaken to assess lung function in cases of asthma, chronic lung disease or before consideration of certain pulmonary surgical procedures. The medical record in this case describes no such conditions in the claimant and the requested testing is not medically necessary.