Case Number:	CM14-0155399		
Date Assigned:	09/25/2014	**Date of Injury:**	01/19/2010
Decision Date:	11/24/2014	**UR Denial Date:**	08/26/2014
Priority:	Standard	**Application Received:**	09/23/2014

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 Physical Medicine and Rehabilitation 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 45-year-old female who reported an injury on 01/19/2010. Reportedly, the injured worker sustained cumulative trauma to her neck, upper back, lower back, bilateral shoulders, bilateral knees and bilateral feet, heart, respiratory system, psychological problems, gastrointestinal and urological symptoms while working as a [redacted]. Previous treatment history included MRI studies, CT scans, physical therapy, medications, x-rays, sleep studies and colonoscopy. The injured worker was evaluated on 07/30/2014 and it was documented the injured worker complained of headaches, neck pain with pain radiating to the right hand and fingers. The pain increased when turning the head from side to side, flexing and extending the head and neck, reaching or lifting, prolonged sitting or standing. The pain level varies throughout the day. On average, the pain level was 2/10 to 7/10 on the pain scale. Physical examination revealed chest examination of the lungs were clear to auscultation, there were no rales or wheeze appreciated. There was no dullness to percussion. Cardiovascular examination revealed regular rate and rhythm, S1 and S2. There was no tubs or gallops appreciated. Abdomen examination revealed soft, normoactive bowel sounds. Extremities revealed no clubbing, cyanosis or edema. Extremities examination revealed no tenderness and range of motion was deferred to appropriate specialist. The injured worker had undergone a sleep study approximately around 2010 where she was diagnosed with sleep apnea. The injured worker was provided with a CPAP machine with oxygen, which she was currently using on a nightly basis. Diagnoses included abdominal pain, irritable bowel syndrome, diverticulosis, cephalgia, chest pain, gastro esophageal reflux disease, psychiatric diagnosis, obstructive sleep apnea, orthopedic diagnosis, palpations, and shortness of breath, hemorrhoids, urinary incontinence, asthma and gastritis. The request for authorization dated 07/30/2014 was

for sleep study, MRI of the brain, PFT, chest x-ray, labs, GI profile, cardiorespiratory (cardiorespiratory?) testing, EKG, ICG and stress EKG and 2D echo with Doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: Upheld

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

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

Decision rationale: The requested is not medically necessary. Per Official Disability Guidelines (ODG) state that sleep studies are 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. The documentation submitted it was documented on 07/30/2014 the injured worker has a diagnosis of sleep apnea and is current being treated with a CPAP machine. As such, the request for sleep study is not medically necessary.

MRI Of Brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI Magnetic Resonance Imaging.

Decision rationale: MRI Studies of the brain Recommended as indicated below. Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Hydrogen proton energy emission is translated into visualized structures. Normal tissues give off one signal, while abnormal structures give off a different signal. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. Specific MRI sequences and techniques are very sensitive for detecting traumatic cerebral injury; they may include, but are not limited to, diffusion-tensor, gradient echo, and Fluid Attenuated Inversion Recovery (FLAIR). Some of these techniques are not available on an emergency basis. MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. MRI is more sensitive than CT for detecting

traumatic cerebral injury. Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. There is no documented of previous trauma or recent changes in the injured worker's consciousness. Based on the current available information the request for MRI of the brain is not medically necessary. As such, the request for MRI of the brain is not medically necessary.

PFT (Pre and Post): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article of Ranu H Wilde M. Madden B Pulmonary Function Tests Ulster Med J2011 May 80 (2) : 84-90

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Function Testing. Bronchodilators.

Decision rationale: The request for PFT (PRE & Post) test is not medically necessary. It is recommended as indicated. Separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75).The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductance. Other tests of pulmonary function useful in asthma include the spirometry before and after the use of a bronchodilator or after the use of a Broncho constrictor (generally followed by a bronchodilator). The use of a Broncho constricting agent is termed "Broncho provocation" and commonly used agents include chemical agents (acetylcholine, meth choline, and putative occupational chemical exposures), physical agents (cold air, dry air), and exercise. Also useful in asthmatics is the use of peak flow meters to determine the presence of asthma, the response to treatment, and exacerbations of asthma. Recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. Furthermore the guidelines stat tat bronchodilators are under study. Epinephrine has long been used in the treatment of asthma. The beta component was found to cause bronchodilation and pharmaceutical companies have developed, over the years, more selective medications (B2 rather than B1 properties) that cause less side effects (sympathomimetic; generally the B1 component). These medications are separated into short and long acting preparations. The short acting medications (SABA or short acting bronchial antagonists) provide quick relief (minutes) that is short induration (4-6 hours). Long acting sympathomimetic (LABAs) are used more on a prophylactic basis. They generally have an onset over many minutes (20-30) but can last for longer periods of time (12-24 hours). Some LABAs

have some overlap with SABAs. Concern has been raised over the long-term safety of LABAs. There is some justification to the concept that LABAs, used by themselves (monotherapy), as a substitute for inhaled corticosteroids, are associated with increased rates of serious exacerbations, hospitalizations, and mortality. The provider failed to indicate the rationale for pulmonary function tests. As such, the request for PFT (pre and post) is not medically necessary.

Chest X-Ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General

Decision rationale: The requested Chest x-ray is not medically necessary. According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The provider failed to indicate the rationale why he is requesting a chest x-ray for the injured worker. As such, the request for chest x-ray is not medically necessary.

Labs: GI Profile: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-Operative Lab Testing.

Decision rationale: : The Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The medical documents lack evidence of a high surgical risk, or physical exam findings that would be indicative of lab pre-operative lab testing. It is unclear when the laboratory monitoring was last performed for the

injured worker. The provider failed to indicate the specific test requested, whether it to be from a stool or blood sample. As such, the request for lab GI profile is not medically necessary.

Cardio - Respiratory Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article of Jaroszewski D, Notrica D McMahon L Steidley DE Deschamps

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: Jurca, R., Jackson, A. S., LaMonte, M. J., Morrow Jr, J. R., Blair, S. N., Wareham, N. J., ... & Laukkanen, R. (2005). Assessing cardiorespiratory fitness without performing exercise testing. American journal of preventive medicine, 29(3), 185-193.

Decision rationale: : The requested is not medically necessary. According to the American Journal of preventive medicine, 29(3), 185-193 state that Low cardiorespiratory fitness (CRF) is associated with increased risk of chronic diseases and mortality; however, CRF assessment is usually not performed in many healthcare settings. The purpose of this study is to extend previous work on a non-exercise test model to predict CRF from health indicators that are easily obtained. The request for cardiorespiratory diagnostic testing, repeated 3 months is not supported at this there is a concurrent request for general medical consultation and the outcome of this evaluation should be established prior of additional diagnostic tests as there is no evidence of cardio respiratory instability such as HTN, SOB or angina noted at this time. Given the above, the request for cardio respiratory diagnostic testing is not medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG)

Decision rationale: The request for Electrocardiogram (EKG) is not medically necessary. Per the Official Disability Guidelines (ODG) recommends Pre-op EKG are recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery;

breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated.

2D Echo with Doppler: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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:

Decision rationale: The request for 2D echo with Doppler is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) are silent regarding 2D echo with Doppler. Most laboratory and diagnostic testing, including electrocardiograms are not necessary for routine procedures unless a specific indication is present. The role of preoperative electrocardiogram is uncertain. On rare occasions an electrocardiogram can detect a previously unrecognized myocardial infarction. Based on the currently available documentation, the request for 2D echo with Doppler is not medically necessary.

Stress EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG)

Decision rationale: The request for Electrocardiogram (EKG) is not medically necessary. Per the Official Disability Guidelines (ODG) recommends Pre-op EKG are recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. Given the above, at this time Electrocardiogram (EKG) is not medically necessary.

ICG: 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:

Decision rationale: The request for ICG is not medically necessary. California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines are silent on ICG. The provider failed to indicate the rationale for requesting an ICG for the injured worker. As such, the request for ICG is not medically necessary.