

<b>Case Number:</b>	CM14-0171913		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 64-year-old woman with a date of injury of 08/07/2012. The submitted and reviewed documentation did not identify the mechanism of injury. An office visit note by [REDACTED] dated 02/13/2014, an EMG/NCS report by [REDACTED] dated 06/26/2014, and office visit notes by [REDACTED] dated 07/02/2014 and 08/11/2014, indicated the worker was experiencing lower back pain that went into both legs, neck pain, and muscle spasms. Documented examinations consistently described decreased lower back joint stiffness. [REDACTED] notes described decreased sensation along the L5 and S1 nerves and pain with raising a straight leg in testing on both sides. The submitted and reviewed documentation concluded the worker was suffering from abnormal upper back disk(s), sacroiliac joint strain/sprain, strain and sprain throughout the back, strain involving both shoulders with impingement, right knee pain, high blood pressure, and an abnormal heart rhythm. Treatment recommendations included oral pain medication, acupuncture, work restrictions, consultation with an internal medicine specialist, repeat lower back MRI, and a cane. A Utilization Review decision by [REDACTED] was rendered on 09/16/2014 recommending non-certification for laboratory testing for a urinalysis (UA), high blood pressure profile, erythrocyte sedimentation rate (ESR), prothrombin (PT), and a partial thromboplastin time (PTT); testing with indocyanine green (ICG); cardiorespiratory testing; and a sudoscan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs to include HTN profile, UA, ESR, PT, PTT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov))

**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: Zehnder JF, et al. Clinical use of Coagulation Tests. Topic 1368, version 27.0. Up-to-date, accessed 11/26/2014. Urinalysis. MedLine Plus Medical Encyclopedia. Accessed 11/25/2014. <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>. Basile J, et al. Overview of Hypertension in Adults. Topic 3852, version 27.0. Up-to-date, accessed 11/26/2014. Kushner I, et al. Acute Phase Reactants. Top

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Prothrombin (PT) and partial thromboplastin time (PTT) are blood tests used to look at the ability of the body to form a clot, a type of "scab", to limit bleeding. The PTT also has a role in monitoring the effects of a medication called warfarin that is used to decrease the ability of the body to form a clot or to "thin" the blood. Urinalysis is used to evaluate the urinary system. The erythrocyte sedimentation rate (ESR) is a non-specific blood test that looks at any swelling, infection, or inflammation in the body. However, on-going diseases can also increase this test without those issues occurring in the body. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into legs, neck pain, and muscle spasms. These records concluded the worker was suffering from abnormal upper back disk(s), sacroiliac joint strain/sprain, strain and sprain throughout the back, strain involving both shoulders with impingement, right knee pain, high blood pressure, and an abnormal heart rhythm. The specific laboratory tests requested in the panel for high blood pressure were not detailed. In addition, there was no discussion indicating the reasons these laboratory tests were requested, when they were last checked, the results of prior testing, or an expected change in care based on their results. In the absence of such evidence, the current request for laboratory testing for a urinalysis (UA), high blood pressure profile, erythrocyte sedimentation rate (ESR), prothrombin (PT), and a partial thromboplastin time (PTT) is not medically necessary.

**ICG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Indocyanine Green Angiography, Number: 0111 ([www.aetna.com](http://www.aetna.com))

**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: Friedman LS, et al. Tests of the Liver's Capacity to Transport Organic Anions and Metabolize Drugs. Topic 3572, version 13.0. Up-to-date, Accessed 11/26/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Indocyanine green (ICG) is a dye that is processed only by the liver. It is used to look at liver function and blood flow. The submitted and reviewed documentation concluded the worker was

suffering from abnormal upper back disk(s), sacroiliac joint strain/sprain, strain and sprain throughout the back, strain involving both shoulders with impingement, right knee pain, high blood pressure, and an abnormal heart rhythm. There was no mention of a concern for the liver not functioning properly or of any suspicious signs or symptoms. There was no discussion indicating the reason this testing was requested. In the absence of such evidence, the current request for testing with indocyanine green (ICG) is not medically necessary

**Cardiorespiratory testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Cardiopulmonary Exercise Testing, Number: 0825 ([www.aetna.com](http://www.aetna.com))

**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-Based Criteria Cited by Expert Reviewer: A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral. The request in this case was too generic and might conceivably refer to any number of guideline citations.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Cardiorespiratory testing generally looks at the heart and lungs overall, their functions, their structures, and the related blood flow. The submitted and reviewed documentation concluded the worker was suffering from abnormal upper back disk(s), sacroiliac joint strain/sprain, strain and sprain throughout the back, strain involving both shoulders with impingement, right knee pain, high blood pressure, and an abnormal heart rhythm. There was no discussion indicating the reason this testing was requested. The reviewed records did not report a new concern for heart and/or lung problems or describe any suspicious signs or symptoms. Further, there are several different tests and studies that could be described as cardiorespiratory testing. For these reasons, the current request for cardiorespiratory testing is not medically necessary.

**Sudscan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Autonomic Testing ([www.aetna.com](http://www.aetna.com))

**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: Sudscan product information. Impetomedical. <http://us.impeto-medical.com/sudscan/about-sudscan>. Accessed 11/26/2014

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Sudscan is a test that looks at sweat gland function. It can be used to detect a specific type of nerve problem in people with diabetes. There is limited research to support its use. The submitted and reviewed documentation concluded the worker was suffering from abnormal upper back disk(s), sacroiliac joint strain/sprain, strain and sprain throughout the back, strain

involving both shoulders with impingement, right knee pain, high blood pressure, and an abnormal heart rhythm. There was no discussion indicating the reason this testing was requested. The reviewed records did not report known diabetes or describe any suspicious signs or symptoms of diabetes. Further, there is only limited research to support its use even in the setting of known diabetes. In the absence of such evidence, the current request for a sudoscan is not medically necessary.