

<b>Case Number:</b>	CM14-0174705		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for diabetes mellitus, hypertension, and peripheral vascular disease reportedly associated with an industrial injury of September 9, 2002. In a Utilization Review Report dated September 17, 2014, the claims administrator denied requests for pulmonary function testing, laboratory testing, urine drug testing, and pulse oximetry. The phrasing of the Utilization Review Report suggested that this was a retrospective request, although this was not readily apparent. It was suggested (but not clearly stated) that the claims administrator was retrospectively denying services previously rendered. In a psychiatric medical-legal evaluation dated July 21, 2010, it was acknowledged that the applicant had multifocal pain complaints, difficulty falling asleep, insomnia, and issues with major depressive disorder. The applicant had reportedly been demoted and subsequently terminated by his former employer. The applicant suggested that he had been retaliated against for reporting alleged corruption within the union to the [REDACTED].

[REDACTED] On July 14, 2014, the applicant presented to follow up on a variety of diagnoses, including reflux, dyslipidemia, hypertension, and diabetes. Laboratory testing, an echocardiogram, an endocrinology consultation, a hemoglobin A1C, an H. pylori antibody study, reflux precautions, and omeprazole were endorsed. The applicant's stated diagnoses included hypertension, diabetes, dyslipidemia, cerebrovascular disease, peripheral vascular disease, and sleep disorder. It was stated that the applicant had pulse oximetry done in the office which was 97% on room air. It was stated in another section of the note that the applicant had no history of asthma or emphysema but acknowledged that the applicant had smoked between ages 15 to 31. Pulmonary function testing was endorsed and/or performed. In a medical-legal evaluation dated November 22, 2013, it was stated that the applicant had pulmonary function testing done on the

date of the medical-legal evaluation which was reportedly normal. The applicant's hemoglobin A1C was 6.8, it was further noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**■■■■■ approved lung function test performed: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/pulmonary/pulmonary-function-testing>

**Decision rationale:** While the Cleveland Clinic Journal of Medicine (CCJM) does acknowledge that the indications for spirometry are diverse and can include the evaluation of chest pain, cough, dyspnea, orthopnea, wheezing, known pulmonary disease, abnormal chest radiographs, hypoxemia, to assess preoperative risks, to assess the effects of bronchodilator therapy, to assess the effects of steroid therapy for asthma or interstitial lung disease, and/or to monitor for adverse reactions to drugs with known pulmonary toxicity, in this case, however, it was not clearly stated why the lung function testing/spirometry/pulmonary function testing was performed. The applicant did not have any known pulmonary disease for which routine monitoring would have been indicated. There was no mention of the applicant using drugs potentially toxic to the lungs. The applicant did not present with a history of chest pain, cough, dyspnea, wheezing, etc., on the July 14, 2014 office visit in question. The applicant was described as not having smoked in approximately 40 years. Finally, the applicant had reportedly had earlier normal pulmonary function testing on a prior medical-legal evaluation, referenced above. The attending provider did not furnish any specific rationale for the testing in question. Therefore, the request was not medically necessary.

**Blood CBC/Chem Pan/ Hemoglobin A1C/ H. Pylori antibody study performed: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70. Decision based on Non-MTUS Citation [http://care.diabetesjournals.org/content/37/Supplement\\_1/S14.full](http://care.diabetesjournals.org/content/37/Supplement_1/S14.full)

**Decision rationale:** The MTUS does not address the need for the hemoglobin A1C component of the request. However, as noted by the American Diabetes Association (ADA), hemoglobin A1C should be performed at least twice annually in applicants who are meeting treatment goals

who have stable glycemic control. There was no evidence that the applicant had had any recent hemoglobin A1C testing on and around the office visit in question, July 14, 2014. Testing for the hemoglobin A1C was therefore indicated, given the applicant's established history of diabetes. Similarly, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support periodic assessment of hematologic function, renal function, and hepatic function in applicants using NSAIDs. In this case, the applicant was described as using aspirin, an NSAID, on the date in question, July 14, 2014. Assessment of the applicant's CBC, renal function testing, and hepatic function testing via the CBC and chem panel at issue was therefore indicated. Therefore, those components of the request were medically necessary. Finally, the H. pylori portion of the request was likewise medically necessary. The MTUS does not address the topic. While the American College of Gastroenterology (ACG) notes that the decision to test for H. pylori in applicants with dyspepsia, reflux, and/or those individuals taking NSAIDs "remains controversial," in this case, the applicant was 70 years of age and had ongoing complaints of reflux, heartburn, and dyspepsia. The attending provider did signal his intention to act on the results on the H. pylori test in question and potentially offer the applicant treatment for an H. pylori infection if positive. Therefore, the request is medically necessary.

**UDS performed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78-79, 85.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, clearly state when an applicant was last tested, attempt to conform to the best practices of the [REDACTED] [REDACTED] ) when performing testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose Context. In this case, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels were being tested for. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Pulse Oximetry Performed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schermer T, et al. 2009. Fam Prac 12(6):524-31; and Harrison's Principles of Internal Medicine, 14th Edition, Disorders of the cardiovascular

system, Electrocardiography, pages 1517-1518; and the Guide to Cardiology, 4th Edition, by Robert A. Kloner, MD, Editor, 5th Edition, pages 344-345

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Primary Care Medicine: Office Evaluation and Management of the Adult Patient by Allan Goroll, Albert Mulley, Chapter 47: Management of Chronic Obstructive Pulmonary Disease, page 379: "Pulse oximetry can be used as a screening test; and provides a measure of arterial oxygen saturation. If the SaO<sub>2</sub> is less than 92%, then measurement of the arterial blood gases is indicated to assess oxygenation and ventilation

**Decision rationale:** The MTUS does not address the topic. While the textbook Primary Care Medicine: Office Evaluation and Management of the Adult Patient notes in Chapter 47, page 379 that pulse oximetry "can be used as a screening test" in applicants with chronic obstructive pulmonary disease (COPD), in this case, however, there was no mention of issues with COPD stated or evident on the July 14, 2014 office visit. There was no mention of the applicant's having any pulmonary complaints on this date. No rationale for the testing was proffered by the attending provider. Therefore, the request was not medically necessary.