

Case Number:	CM14-0038250		
Date Assigned:	07/30/2014	Date of Injury:	11/06/2009
Decision Date:	12/30/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 Nephrology 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 66-year-old female who has submitted a claim for irritable bowel syndrome, gastroesophageal reflux disease, hypertension, moderate-to-severe degenerative disc disease of the cervical spine with headache, multilevel degenerative disc disease of the lumbar spine, right hip trochanteric bursitis, left hand contusion, bilateral carpal tunnel syndrome, and right Achilles tendonitis associated with an industrial injury date of 11/6/2009. Medical records from 2013 to 2014 were reviewed. The patient complained of numbness and tingling sensation along the upper extremities. She continued to have pain at the neck with headache, low back and right hip. The patient denied any history of constipation or diarrhea. She had lower abdominal discomfort approximately three times per month. She denied epigastric discomfort. Examination showed tenderness over the right trapezius, right hip and paralumbar muscles, limited neck and hip motion, tenderness over the first dorsal extensor compartment and first carpometacarpal joint, and positive Tinel sign on the left. Treatment to date has included lumbar surgery, physical therapy, Flexeril, Tylenol, Losartan, Hydrochlorothiazide, Atenolol and Prilosec. The utilization review from 3/11/2014 denied the request for 2D Echo because the patient did not report clinical symptoms consistent with cardiovascular disease; denied carotid duplex for the carotid artery because of no clinical symptom or finding consistent with possible cerebrovascular disease; denied renal ultrasound because of no clear rationale for the request; denied psychological consult for depression because there was no documentation to support the claim for "ongoing psychiatric issues"; denied chest x-ray because of no documented rationale; denied gastroenterology consult because of no clinical symptom or physical finding to support the request; and denied neurology consult for headache and vertigo because of no clear documentation for the request given the normal neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echo for the heart: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

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, Aetna Clinical Policy Bulletin

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. It states that two-dimensional echocardiography provides information about the cardiac chamber size, wall thickness, global and regional systolic function, and valvular and vascular structures. In this case, the patient is a known hypertensive with maintenance medications of Losartan, Hydrochlorothiazide and Atenolol based on a 2013 progress report. However, recent notes failed to provide a rationale for the request. There was no documentation concerning subjective complaints or objective findings pertaining to the cardiovascular system to warrant the request. Therefore, the request for 2D Echo for the heart is not medically necessary.

Carotid Duplex for the carotid artery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

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: Guideline on the Management of Patients with Extracranial Carotid and Vertebral Artery Disease, American College of Cardiology Foundation

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American College of Cardiology Foundation was used instead. It states that in asymptomatic patients with known or suspected carotid stenosis (i.e., with carotid bruit), duplex ultrasonography is recommended as the initial test to detect hemodynamically significant carotid stenosis. In this case, there is no documented rationale for the request. There is no evidence that patient is suspected to have carotid artery disease due to a lack of subjective data and physical examination findings. The medical necessity cannot be established due to insufficient information. Therefore, the request for carotid duplex for the carotid artery is not medically necessary.

Renal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

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: Ultrasound Examination in the Practice of Urology, American Institute of Ultrasound in Medicine, 2011

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Institute of Ultrasound in Medicine was used instead. Indications for a kidney ultrasound include flank/back pain, signs/symptoms referred from the kidney, abnormal laboratory findings suggestive of kidney pathology, follow up of known or suspected abnormality in the kidney, evaluation of suspected congenital abnormalities, abdominal trauma, pretransplantation and post transplantation evaluation, and planning/guidance for an invasive procedure. In this case, the patient is a known hypertensive based on a 2013 progress report. However, there is no documented rationale for kidney ultrasound. There is no mention of comorbidities related to the kidney. There was no documentation concerning subjective complaints or objective findings pertaining to the renal and cardiovascular systems to warrant the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for renal ultrasound 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Section, Chest X-ray

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG recommends chest X-Ray with acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (greater than 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. In this case, the patient is a known hypertensive based on a 2013 progress report. However, recent notes failed to provide a rationale for the request. There was no documentation concerning subjective complaints or objective findings pertaining to the cardiovascular and pulmonary systems to warrant the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for chest x-ray is not medically necessary.

Psychological Consult for depression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient has a known depressive disorder based on a 2013 progress report. However, the most recent notes failed to provide subjective data and mental status examination to support the present request. The medical necessity cannot be established due to insufficient information. Therefore, the request for psychological consult for depression is not medically necessary.

Gastroenterology Consult for stomach: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient has a known irritable bowel syndrome and gastroesophageal reflux disease based on a 2013 progress report. The most recent noted cited that the patient denied any history of constipation or diarrhea. She had lower abdominal discomfort approximately three times per month. She denied epigastric discomfort. However, there was no abdominal exam to support the present request. There was also no mention if Prilosec provided relief of symptoms. The medical necessity cannot be established due to insufficient information. Therefore, the request for gastroenterology consult for stomach is not medically necessary.

Neurological Consult for Headaches and vertigo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient continued to have pain at the neck with headache. However, there was no neurologic exam to support the present request. There was also no mention concerning characteristics of headaches. The medical necessity cannot be established due to insufficient information. Therefore, the request for neurological consult for headaches and vertigo is not medically necessary.