MAXIMUS Federal Services

Case Number:	CM14-0043902		
Date Assigned:	07/02/2014	Date of Injury:	12/20/2013
Decision Date:	09/11/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine & 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:

This is a 26 year old female with a 12/20/13 date of injury. The exact mechanism of the original injury was not clearly described. In a progress report dated 2/5/14, the patient described workplace conflict and stress. She complaint of occasional chest pain radiating to her left shoulder, paired with occasional difficulty breathing. She also complained of numbness and tingling in her left shoulder and arm. She described her chest pain as heavy and stabbing. She noted difficulty breathing even at rest. She noted nightmares about her work, causing her to wake up gasping for breath with increased palpitations. She denied hypertension, syncope, malignant arrhythmias, coronary artery disease, heart attack, or heart murmur. She also complains of occasional abdominal pain and weight gain. No nausea, vomiting, diarrhea, constipation, melena, or bright red blood per rectum. There are no abnormal cardiopulmonary findings on physical examination. On 2/11/14 the patient underwent a urine drug screen which was negative. Diagnostic Impression: Somatization disorder, chest pain, palpitations, abdominal pain. A UR decision dated 3/14/14 denied the request for 2D echo w/Doppler. The patient does not have a known cardiac pathology. She does not have an abnormal chest x-ray. The patient is pending an EKG. This should be completed prior to additional diagnostics. It also denied a request for urine screen. The reviewed date did not support a use of narcotics or future narcotics. The patient had a negative screen on 2/11/14. It also denied a request for lab test GI profile. The patient does not note any GI complaints beyond abdominal pain. The documentation provided does not indicate what is included in a GI profile. It also denied a request for 24 hour holter monitoring. The patient should receive an EKG to establish a baseline diagnosis before additional diagnostics are performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D echocardiogram/doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation cigna.com/individual and families/health-and-well-being/hw/medical-tests/echocardiogram-hw212692.html.

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:ACC/AHA/ASE 2003 Guideline Update for the Clinical Application of Echocardiography: Summary Article. http://circ.ahajournals.org/content/108/9/1146.fullhttp://en.wikipedia.org/wiki/Echocardiography .

Decision rationale: In a search of online resources, echocardiogram often referred to as a cardiac echo or simply an echo is a sonogram of the heart. Echocardiography uses standard two-dimensional, three-dimensional, and Doppler Ultrasound to create images of the heart. Echocardiography has become routinely used in the diagnosis, management, and follow-up of patients with any suspected or known heart diseases. Health societies recommend the use of echocardiography for initial diagnosis when there is a change in the patient's clinical status and when new data from an echocardiogram would result in the physician changing the patient's care. Health societies do not recommend routine testing when the patient has no change in clinical status or when a physician is unlikely to change care for the patient based on the results of testing. However, this patient has yet to have an EKG or chest x-ray performed. She is a young patient with no abnormal physical exam findings on cardiopulmonary examination. In the absence of any prior abnormal testing or physical exam findings, it would be unclear why this patient would benefit from an echocardiogram at this point. Therefore, the request for 2D echocardiogram/Doppler is not medically necessary.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opioid management Page(s): 43, 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines indicate that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, the patient already had a prior recent negative urine drug screen. There is no stated plan to being opioid therapy or any known reason why opioid therapy would be initiated. Therefore, the request for Urine Toxicology is not medically necessary.

GI profile: 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: From review of online resources, A Holter monitor is "a continuous tape recording of a patient's EKG for 24 hours. Since it can be worn during the patient's regular daily activities, it helps the physician correlate symptoms of dizziness, palpitations (a sensation of fast or irregular heart rhythm) or black outs. Since the recording covers 24 hours, on a continuous basis, Holter monitoring is much more likely to detect an abnormal heart rhythm when compared to the EKG. The patient does complain of intermittent palpitations, chest pain, and dyspnea. However, she has not had more concerning events such as syncope episodes, nor does she have any prior cardiac history or abnormal cardiopulmonary exam findings. Therefore, the request for 24 hour holter monitor is not medically necessary.

24 hour holter monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation him.nih.gov/medlineplus/ency/article/003877.htm.

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: http://www.heartsite.com/html/holter.html.

Decision rationale: From review of online resources, A Holter monitor is "a continuous tape recording of a patient's EKG for 24 hours. Since it can be worn during the patient's regular daily activities, it helps the physician correlate symptoms of dizziness, palpitations (a sensation of fast or irregular heart rhythm) or black outs. Since the recording covers 24 hours, on a continuous basis, Holter monitoring is much more likely to detect an abnormal heart rhythm when compared to the EKG. The patient does complain of intermittent palpitations, chest pain, and dyspnea. However, she has not had more concerning events such as syncope episodes, nor does she have any prior cardiac history or abnormal cardiopulmonary exam findings. Therefore, the request for 24 hour holter monitor is not medically necessary.