

Case Number:	CM14-0045494		
Date Assigned:	06/27/2014	Date of Injury:	08/03/2008
Decision Date:	09/10/2014	UR Denial Date:	03/24/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 49-year-old female who was reportedly injured on August 3, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 25, 2014, indicates that there are ongoing complaints of irritable bowel syndrome, abdominal pain, nausea and vomiting. The physical examination demonstrated tenderness in the epigastric region. Plus 1 edema was noted in the lower extremities. Blood pressure was stated to be 117/76. Diagnostic imaging studies were not commented on. A request had been made for cardio respiratory testing, gastrointestinal profile, the hypertension profile and a request for Sentra and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio respiratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., Chapter 10- Exercise Stress Testing.

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://emedicine.medscape.com/article/1827089-overview>.

Decision rationale: There is no mention in the attach medical record or recent electrocardiogram to warrant concern for the need for cardio respiratory testing. Without particular justification for this procedure, this request for cardio respiratory testing is not medically necessary.

Gastrointestinal profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management of Laboratory Methods, 21st ed. Chapter 8- Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, G.I. Symptoms and Cardiovascular Risk, Updated July 10, 2014.

Decision rationale: Although the medical record contains a request for a gastrointestinal profile it is not specified what testing in particular is desired. Without specific information, this request for a gastrointestinal profile is not medically necessary..

Hypertension profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management of Laboratory Methods, 21st ed. Chapter 8- Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs/Hypertension and Renal Function, Updated July 10, 2014.

Decision rationale: Although the medical record contains a request for a hypertension profile it is not specified what testing in particular is desired. Without specific information, this request for a hypertension profile is not medically necessary.

Prospective usage of Sentra AM # 60, three bottles (1X3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation; Pain Procedure Summary last updated 3/18/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food, Updated July 10, 2014.

Decision rationale: Sentra is a medical food consisting of mostly amino acids. According to the Official Disability Guidelines, there is no indication for the usage of amino acids in treatment other than to detoxify urine. Therefore, this request for Sentra AM is not medically necessary.