

<b>Case Number:</b>	CM14-0053087		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Family Practice 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:

49-years-old female claimant sustained a work injury on 2/1/11 involving the neck and low back. He has a diagnosis of lumbar radiculopathy, lumbar disc protrusion and sprains of the lumbar and cervical regions. She was noted noted to have hypertension aggravated by her pain, stress and work related injury. She uses a CPA(Canadian Physiotherapy Association) occasionally. An echocardiogram report in 2011 was unremarkable. She had been on Tramadol for pain control and prior urine drug screens were consistent with medications taken. A request was made for cardiorespiratory testing as well as fasting labs in March 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 cite any medical evidence for its decision.

**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:JNC guidelines for hypertension management.

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on cardio-respiratory testing. In this case, cardio-respiratory testing was ordered due to the patient's obesity,

hypertension and CPAP(Continuous Positive Airway Pressure) use. Accordingly, there is no information regarding current blood pressure or medications used for blood pressure. In addition, the indication for use of CPAP is not documented as it relates to the work injury. Due to lack of evidence or reasoning to support it, the cardio-respiratory testing is not medically necessary.

**Fasting laboratories (labs):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: American Academy of Family Physicians and National Guidelines for Fasting Labs and Pre-operative testing.

**Decision rationale:** The MTUS and ACOEM guidelines do not comment fasting labs. Often fasting labs are ordered for monitoring glucose or lipids. In this case, the specific labs ordered are unknown. In addition, there is no objective information noted that the labs are needed for pre-operative reasons, medications related to the injury or illnesses related to the injury. Fasting labs are not medically necessary.