

<b>Case Number:</b>	CM14-0091385		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 37 year old female who sustained an injury to her low back on 07/12/07. The mechanism of injury was not documented. Plain radiographs of the lumbar spine dated 09/27/10 revealed worsening anterolisthesis status post fusion with grade 2 anterolisthesis now noted at L5-S1; constipation. CT scan of the lumbar spine on this date revealed L5-S1 severe bilateral neuroforaminal narrowing secondary to grade 2 anterolisthesis and facet joint hypertrophy; status post posterior fusion of L5-S1 and laminectomy of L5. Electrodiagnostic studies (EMG/NCV) of the bilateral lower extremities dated 08/16/07 was essentially unremarkable. The injured worker has been under continued monitoring of oral analgesics and opioid medications by an orthopedic surgeon. The clinical note dated 05/15/14 noted that the injured worker complained of back/neck pain, constipation, and urinary incontinence. Reportedly, she had been on Vicodin which can cause constipation. Objective physical examination was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial visit:** 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 Official Disability Guidelines (ODG) Pain chapter, Office visits.

**Decision rationale:** The request for an office visit is not medically necessary. The previous request was denied on the basis that a prospective request for an internist evaluation, to be performed between 03/31/14 and 05/19/14 was already recommended as certified in review 418248 on 04/08/14. The present request appeared to be a duplicate of the previous one; therefore, the provider's retrospective request for 1 additional visit performed on 05/13/14 was not indicated as medically appropriate. After reviewing the submitted clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for an initial visit is not indicated as medically necessary.

**ECG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Preoperative electrocardiogram (ECG).

**Decision rationale:** The request for an ECG is not medically necessary. The previous request was denied on the basis that previously, the request for an EKG was recommended as certified in review 286678 on 01/19/12, the result of which was not available. The injured worker had no history of hypertension or any other cardiac complications. Guidelines recommended electrocardiograms for injured workers with cardiac risk factors. Performing an ECG appeared to not be necessary; therefore, the provider's prospective request for 1 ECG was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for ECG is not indicated as medically necessary.

**Laboratory work (CBC, SMA-19, SED rate):** 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 Official Disability Guidelines (ODG) Low back chapter, Preoperative lab testing.

**Decision rationale:** The request for laboratory work (CBC, SMA-19, SED rate) is not medically necessary. The previous request was denied on the basis that the available reports did not indicate any complaints or conditions that would warrant these studies. Guidelines recommended

each specific diagnostic test for a precise condition that may be warranted based on injured worker's signs and symptoms. Based on the injured worker's health history and present signs/symptoms, the provider's prospective request for laboratory work was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for laboratory work (CBC, SMA-19, SED rate) is not indicated as medically necessary.

**Venipuncture:** 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 Official Disability Guidelines (ODG) Low back chapter, Preoperative lab testing.

**Decision rationale:** The request for venipuncture is not medically necessary. The previous request was denied on the basis that venipuncture is considered part of a blood test. In addition, the requested laboratory tests were not recommended certified at this time. Therefore, the requested venipuncture would also not be deemed as medically appropriate. Given this, the request for venipuncture is not indicated as medically necessary.

**Urine Dipstick:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines on Urinary Incontinence Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. p. 11-27.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Preoperative lab testing.

**Decision rationale:** The request for a urine dipstick is not medically necessary. The previous request was denied on the basis that the guidelines recommend urine dipstick testing for a diagnosis of acute urinary tract infection. Review of the available reports indicates that the injured worker had been utilizing muscle relaxants and sedatives. She also complained of chronic constipation that was a side effect of her present medication regimen. It was noted that constipation and intake of certain medications are possible reasons for urinary incontinence. In addition, there was no mention of any change in the complaint of urinary incontinence which has been present since her injury in 2007. She lacked any other symptoms of a urinary tract infection. As such, the provider's prospective request for 1 urine dipstick was not indicated as medically appropriate. There was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for a urine dipstick is not indicated as medically necessary.

**Glucose - Reagent Strip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canadian Optimal Medication Prescribing and Utilization Service (COMPUS). Optimal Therapy recommendations for the prescribing and use of Glucose Test Strips 2009 p 50.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Preoperative lab testing.

**Decision rationale:** The request for a glucose-reagent strip is not medically necessary. The previous request was denied on the basis that the injured worker had no subjective/objective complaints indicating the possibility of diabetes. In addition, the guidelines did not recommend this method of testing for diabetes diagnosis or monitoring, therefore the provider's prospective request for 1 glucose/reagent strip was not deemed medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given this, the request for a glucose-reagent strip is not indicated as medically necessary.