MAXIMUS Federal Services

Case Number:	CM14-0138106		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	02/25/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 36 year old female with an injury date on 01/09/2013. Based on the 05/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar Spine Sprain/Strain. 2. Lumbar Radiculopathy. 3. Adjustment Disorder. 4. Insomnia. 5. Idiopathic Peripheral Autonomic Neuropathy. 6. Unspecified Disorder of Autonomic Nervous System. According to this report, the patient complains of dull, achy, and sharp "frequent low back pain." The pain radiates to the right mid back and right lower extremity. Current pain is rated as a 6/10, best pain is 4/10 and worst pain is 6-9/10. The patient denies pulmonary, cardio-pulmonary conditions. Physical exam reveals tenderness of the right lumbar paravertebral muscle. Lumbar range of motion is limited. Straight Leg Raise is positive on the right. Diminished sensation to light touch is noted in the right L5 and S1 nerve root distribution. The treatment plan is to request acupuncture, chiropractic treatments, physical therapy, TENS unit and supplies for a 30 day trial, undergo Cardio-Respiratory Testing , MRI scan of the lumbar spine, medications, and return for a follow up visit in 4-6 weeks. The patient's work status is "currently not working and has not worked since January 2013." There were no other significant findings noted on this report. The utilization review denied the request for Cardio Respiratory Test on 07/31/2014 based on the http://www.ncbi.nlm.nih.gov/pubmed/16464634; Assessment of cardiovascular autonomic function. The requesting physician provided treatment reports from 01/30/2014 to 09/12/2014.

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 http://www.ncbi.nlm.nih.gov/pubmed/16464634, Assessment of cardiovascular autonomic function, Freeman R. Clin Neurophysiol. 2006 April.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Cardiopulmonary Exercise Testing and Number: 0825

Decision rationale: According to the 05/22/2014 report, this patient presents with dull, achy, and sharp low back pain. The current request is for Cardio Respiratory Test. Aetna, Clinical Policy Bulletin: Cardiopulmonary Exercise Testing and Number: 0825, considers cardiopulmonary exercise testing (CPET) medically necessary after performance of standard testing, including echocardiography, and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation (6-minute walk test). In reviewing the medical reports provided, the Utilization Review denial letter state "There has not been any mention of cardiovascular respiratory status relative to the patient injury for which the patient is being followed and treated. There is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested diagnostic testing to screen and r/o respiratory and pulmonary abnormalities (RPA) and (CSR)."In this case, the treating physician does not document that the patient suffer from any cardio-pulmonary conditions. The treating physician does not discuss the specific reason for this request; it is not known why the patient needed a Cardio Respiratory Test when there is not documentation of difficulty breathing. Furthermore, the patient denies pulmonary, cardio-pulmonary conditions. The current request is not medically necessary.