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| Case Number: | CM14-0191653 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 12/17/2012 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Internal Medicine 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:

Pursuant to the Doctor's First Report of Occupational Injury or Illness dated October 7, 2014 by the treating chiropractor, the IW complains of low back pain into the right leg. Objective physical findings of the lumbar spine revealed restricted range of motion. Flexion was 20 degrees, bilateral side bending was 15 degrees, and extension was 5 degrees. There was positive straight leg raising bilaterally into the hamstrings. Kemp's test was positive bilaterally. There was tenderness with positive spams noted in the low back. Motor strength was 4/5 on hamstrings and quadriceps. Deep tendon reflexes was 2+ on bilateral lower extremities. Current medications were not documented. The provider recommended physical therapy 3 times a week for 4 weeks, EMG/NCV studies on bilateral lower extremities, x-rays, MRI of the lumbar spine, initial functional capacity evaluation, and cardio-respiratory testing every 3 months. There is no clinical information in the medical record describing the medical need for the cardio-respiratory testing every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory diagnostic testing every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and www.ncbi.nlm.gov

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.aetna.com/cpb/medical/data/800_899/0825.html

Decision rationale: Pursuant to [REDACTED] cardiopulmonary exercise testing every three months is not medically necessary. [REDACTED] considers cardiopulmonary exercise testing (CPET) medically necessary in any of the following conditions, after performance of standard testing, including echocardiography and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation. See attached link for conditions and details. Additionally, [REDACTED] considers CPET experimental and investigational for an additional list of conditions. See attached link. In this case, the injured worker was diagnosed with neuralgia, neuritis, radiculitis, and sprains and strains of the lower back. The documentation in the medical record contains no clinical information describing the clinical rationale for the requested cardiorespiratory diagnostic testing every three months. There are no clinical examination findings describing and explaining the medical need for the specialized testing. Additionally, standard testing with echocardiography and pulmonary function testing with measurement of diffusion capacity and measurement of oxygen desaturation is a prerequisite to cardiopulmonary exercise testing. None of these tests were ordered. Consequently, the Cardio-Respiratory Diagnostic Testing every three months is not medically necessary.