

<b>Case Number:</b>	CM14-0196420		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/03/1984
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 65 year old female with an injury date of 07/03/84. Per the 10/15/14 progress note and the 10/14/14 Internal Medicine progress report, the patient presents with idiopathic neuropathy in the bilateral lower extremities with lower back syndrome, bilateral chronic pain in the nails, and neuropathy symptoms in the bilateral lower legs, ankles and feet. The patient also presents with improving bilateral arm swelling, intermittent constipation and diarrhea and improving diabetes mellitus. The patient is unable to work. The patient uses a wheelchair for much of the day, but is capable of walking. Examination shows that there is muscle spasms and weakness in the bilateral lower extremities. Examination also reveals pain in the digital nails, and redness with mild swelling in the bilateral lower legs, ankle and feet. The patient's listed diagnoses include: DM-stable F/U PCP, continued foot care; DM with neuropathy-stable F/U PCP, continued foot care; Neuropathy secondary to DM; Idiopathic neuropathy bilateral lower extremities; Lower back syndrome with fusion L4-5, S1; Fibromyalgia; OM, gryphosis, incurvation, dystrophy, pain and inflammation B/L most cryptotic; Capsulitis, tenosynovitis, instability, ankle, STJ B/L; Chronic swelling bilateral lower extremities with chronic redness anterior shins; Acute sciatic symptoms; Injury-sprain grade 1 F&A with associated swelling; Constipation; Rectal bleeding; Diabetes mellitus; Diabetic neuropathy of the bilateral lower extremities; Vitamin B12 deficiency; S/p colorectal cancer; Peripheral edema; Obesity; Hypertension; Depression (10/01/14 report); Sleep apnea (10/01/14 report); Fatty liver (10/01/14 report). The utilization review being challenged is dated 10/23/14. The rationale regarding the EKG and X-ray chest is that there is lack of documentation that warrants ECG at this time. Reports were provided from 03/04/14 to 10/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Polysomnography

**Decision rationale:** The patient presents with a 10/0/14 diagnosis of sleep apnea along with neuropathy in the bilateral lets, ankles, feet, bilateral arm swelling and diabetes mellitus. The treating physician requests for Sleep Study per 10/14/14 report and RFA. ODG guidelines Pain Chapter for the topic of Polysomnography state the following criteria: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The treating physician does not discuss this request in the reports provided. The patient has a listed diagnoses of sleep apnea and the 04/30/14 repots states under diagnostic studies needed, "Sleep disordered breathing respiratory study." The reports do not show this study was performed. There is no discussion of indications 1-5, 7 per ODG above. In this case, the reports show the treating physician's concern regarding sleep related breathing disorders and ODG recommends this study for this indication. The request is medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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: EKG studies, WebMD.com

**Decision rationale:** The patient presents with a 10/0/14 diagnosis of sleep apnea along with neuropathy in the bilateral lets, ankles, feet, bilateral arm swelling and diabetes mellitus. The treating physician requests for EKG per 10/14/14 report and RFA. MTUS and ACOEM do not provide guidelines for EKG. ODG guidelines discuss it in the context of pre-operative work-up. For general EKG studies, WebMD.com updates by stating that routine EKG is not needed if one is without symptoms such as chest pain, and if one is at intermediate or high risk but without

symptoms, still lack of evidence to obtain routine EKG's. The treating physician does not discuss this request in the reports provided. The 10/14/14 Internal Medicine report states, "Cardiovascular Regular rate and rhythm, S1 and S2. There are no rubs, murmurs, or gallops." The 05/08/14 report states regarding ECG response, "These test results indicate a low (less than 10%) likelihood for the presence of angiographically significant coronary artery disease. I compared the previous study of November 5, 2010. There has been no significant change in myocardial perfusion, left ventricular global function of volumes." The reports show EKG performed on 04/30/14 and 06/06/14. The reports repeatedly show that the patient is referred to care of a cardiologist. Presumably there are cardiac issues found in this patient; however, these are not documented. The patient has already had 2 EKG's without any changes from the previous ones, including one dating back to 2010. The treating physician does not explain why additional EKG's are needed. The patient is referred to cardiology as well. The current request EKG is not medically necessary.

**X-Ray of Chest:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) Chapter, X-Ray

**Decision rationale:** The patient presents with a 10/0/14 diagnosis of sleep apnea along with neuropathy in the bilateral lets, ankles, feet, bilateral arm swelling and diabetes mellitus. The treating physician requests for X-Ray of Chest per 10/14/14 report and RFA. ODG Pulmonary Chapter, X-ray, has the following, "Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath. A bad or persistent cough, chest pain or injury and fever. (McLoud, 2006)" The treating physician does not discuss this request in the reports provided. The 06/06/14 report states, "The patient's Chest X-ray report dated April 30, 2014 was unremarkable." The 10/14/14 report states, "Respiratory: no coughing, no coughing up blood, no wheezing." The reports repeatedly state that the patient is referred to the care of a cardiologist; however, the reports do not document acute cardiopulmonary findings in this patient or the need for this request. In this case, the request is not medically necessary.

**A Prescription of Sentra AM #60 (3 Bottles):** 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)

**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, Medical foods

**Decision rationale:** The patient presents with a 10/0/14 diagnosis of sleep apnea along with neuropathy in the bilateral lets, ankles, feet, bilateral arm swelling and diabetes mellitus. The treating physician requests for A Prescription of Sentra AM #60 (3 Bottles) per 10/14/14 report and RFA. ODG guidelines discuss Sentra PM but are silent on Sentra AM. National Institutes of Health, National library of medicine states Sentra AM is a medical food with Theophylline. ODG, Pain Chapter, Medical foods, states, "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes." The treating physician does not discuss this request or the intended use of this medication. It appears the patient may just be starting Sentra AM. In this case, the patient presents with other conditions in addition to chronic pain. However, lacking clear documentation of the intended use and efficacy of Sentra AM, the request IS NOT medically necessary.