MAXIMUS Federal Services

Case Number:	CM14-0197741		
Date Assigned:	12/08/2014	Date of Injury:	12/30/2003
Decision Date:	01/16/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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:

The injured worker (IW) is a 57-year-old man who sustained a work related injury of December 30, 2003 as a result of descending down a ladder that was leaning against a platform. The ladder slipped the IW fell onto a metal ladder in the sitting position, resulting in the compression of his spine. The current diagnoses are pain in joint involving shoulder region; cervicalgia; neck pain; and spinal stenosis of the lumbar region. He had a non-Q-wave myocardial infarction in December of 2003. Stent placement to LAD was done in March 2004, and he was status post pacemaker placement for heart block. Diagnoses include obesity; metabolic syndrome; chronic pain syndrome; chronic low back pain; cervical radiculopathy; and status post cervical spine surgery in 2010. In a progress note dated January 2, 2014, the IW reports complains of continued low back pain that radiated to his lower abdomen. He subsequently developed pain in his left arm and neck pain. Examination revealed blood pressure was 177/86, repeat was 158/84. He was status post atrial flutter ablation; several episodes of atrial fibrillation were found on pacemaker interrogation, but none the past year. He has a history of right cerebral infarction with left-sided weakness several weeks after stent placed in 2004. He had poorly controlled diabetes mellitus. Dyslipidemia was noted with a low level of high-density protein (HDL), obesity and history of a burst fracture of L1 in 2003. The current request is for Metoprolol Succinate SR 50mg, EKG, Lipid Panel with DLDL Reflex, Comprehensive Metabolic Panel, Hemoglobin A1C, and Chest CT Scan without contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoprolol Succinate SR 50mg, #45 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition, Disorders of the Cardiovascular System, Hypertension, Cardiovascular disease, page 389, 390, 1011 and on the Non-MTUS Robert A Floner MD, "The Guide to Cardiology" 4th Edition, 5th Edition, page 188, 426

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Metoprolol succinate SR 50 mg #45 with 11 refills. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychological issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish the reinsurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker is a 57-year-old man with a date of injury December 30, 2003. The worker's diagnoses are pain in joints involving shoulder region, cervicalgia, pain, and spinal stenosis of the lumbar region. The injured worker has an extensive cardiac history. The treating physician requested Metoprolol SR 50 mg with 11 refills. The documentation does not support ongoing use of or a clinical rationale Metoprolol 50 mg with 11 refills. Consequently, Metoprolol succinate SR 50 mg #45 with 11 refills is not medically necessary.

EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition, Disorders of the Cardiovascular System, Electrocardiography, page 850-859 and on the Non-MTUS Robert A Floner MD, "The Guide to Cardiology" 4th Edition, 5th Edition, page 481-485

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, EKG (electrocardiogram) is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychological issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish the reinsurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for

screening purposes. In this case, the injured worker is a 57-year-old man with a date of injury December 30, 2003. The worker's diagnoses are pain in joints involving shoulder region, cervicalgia, pain, and spinal stenosis of the lumbar region. The injured worker has an extensive cardiac history. The treating physician requested an EKG. The documentation does not support an EKG. There is no clinical indication in the medical record or clinical rationale explaining why the EKG is necessary. Consequently, the EKG is not medically necessary.

Lipid Panel with DLDL Reflex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition, Disorders of the Cardiovascular System, page 1316-1317 and on the Non-MTUS Robert A Floner MD, "The Guide to Cardiology" 4th Edition, 5th Edition, page 155-160

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, lipid panel with the VLDL reflects is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychological issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish the reinsurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker is a 57-year-old man with a date of injury December 30, 2003. The worker's diagnoses are pain in joints involving shoulder region, cervicalgia, pain, and spinal stenosis of the lumbar region. The injured worker has an extensive cardiac history. The treating physician requested a lipid panel with VLDL. The documentation does not contain clinical and occasional rationale for performing the lipid panel. Consequently, the lipid panel with VLDL is not medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine 14th Edition, Disorders of the Cardiovascular System, page 6-8 and on the Non-MTUS Robert A Floner MD, "The Guide to Cardiology" 4th Edition, 5th Edition, page 410-414

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, comprehensive metabolic panel (blood test) is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon

identifying and addressing previously unknown or undocumented medical and/or psychological issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish the reinsurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker is a 57-year-old man with a date of injury December 30, 2003. The worker's diagnoses are pain in joints involving shoulder region, cervicalgia, pain, and spinal stenosis of the lumbar region. The injured worker has an extensive cardiac history. The treating physician requested a comprehensive metabolic panel (blood test). The documentation does not contain a clinical indication or rationale for a comprehensive metabolic profile. Consequently, the comprehensive metabolic panel is not medically necessary.

Hemoglobin A1C: 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), Low Back, Preoperative lab testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, hemoglobin A-1 C is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychological issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish the reinsurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker is a 57-year-old man with a date of injury December 30, 2003. The worker's diagnoses are pain in joints involving shoulder region, cervicalgia, pain, and spinal stenosis of the lumbar region. The injured worker has an extensive cardiac history. The treating physician requested a hemoglobin A-1 C (blood test). The documentation does not support causal relationship between the cardiac history, diabetes and work related events. Additionally, there is no clinical indication or rationale for the hemoglobin A-1 C as it relates to the work injury. Consequently, the hemoglobin A-1 C is not medically necessary.

Chest CT (Computed Tomography) Scan without contrast: 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), Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Page(s): 5.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, chest computed tomography (chest CT) without contrast is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychological issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish the reinsurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker is a 57-year-old man with a date of injury December 30, 2003. The worker's diagnoses are pain in joints involving shoulder region, cervicalgia, pain, and spinal stenosis of the lumbar region. The injured worker has an extensive cardiac history. The treating physician requested a chest computed tomography scan. There was a prior chest CT done in 2013. The documentation does not contain clinical documentation, clinical indication, or rationale in the medical record to perform a chest CT scan. Consequently, the chest CAT scan is not medically necessary.