

<b>Case Number:</b>	CM14-0202872		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 & Rehabilitation, Pain Management

### 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 38 year old male who suffered a work related injury on 01/17/06. The original work injury resulted in low back pain and lumbar disc herniation. The patient subsequently underwent discectomy. Per the physician notes from 07/21/14 he reports blood pressure under control, no change in gastroesophageal reflux symptoms which are controlled with meds and diet, and no change in irritable bowel symptoms, sleep quality, or fatigue. He complains of worsening nausea with meals. Industrial diagnoses include gastroesophageal reflux disease, irritable bowel syndrome, hypertension with hypertensive retinopathy, obstructive sleep apnea, hyperlipidemia, and H pylori positive serology 01/03/14 status post treatment with antibiotic. He reportedly sustained orthopedic injuries, was prescribed Nonsteroidal medications which caused him to develop acid reflux symptoms. His irritable bowel syndrome developed secondary to stress following his work injury. The stress and anxiety following his industrial injury and chronic pain have aggravated his hypertension. His medications include Lisinopril, atenolol, Dexilant, Citrucel, Colace, simethicone, Lovaza, Tricor, Crestor, Probiotics, and aspirin, as well as unidentified patches for pain control. The recommended treatments are and EKG, 2 D echo, Doppler, Stress echo, carotid ultrasound, and cardio-respiratory test and sudoscan. The cardio-respiratory test was denied by the Claims Administrator on 11/10/14 and was subsequently appealed for independent Medical Review.

### 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:** 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 Uptodate Online, EKG, cardiac stress test, and Hypertension Management topics

**Decision rationale:** According to a progress note May 22, 2014, requesting provider specifies that this worker's hypertension is industrially related due to stress and anxiety following orthopedic industrial injury. The patient also has hyperlipidemia, and it is not clear how this was work related. There is an agreed medical evaluation dated June 9, 2014. This evaluation however, does not address causation. Therefore, there are two issues with regard to these requests. The first is whether all of the cardiovascular disease and hypertensive disease that this worker has is industrially related, which has not been clearly established. The second issue is why an EKG, carotid ultrasound, stress echo, cardiorespiratory test, and sudo-scan are necessary at this time. The progress note in which these tests were requested was dated July 21, 2014. The patient does not have any symptoms of angina or chest pain. The routine management of hypertension per guidelines does not require all of these cardio respiratory tests. This request is not medically necessary at this time.