

Case Number:	CM14-0217560		
Date Assigned:	02/10/2015	Date of Injury:	11/04/2009
Decision Date:	05/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York

Certification(s)/Specialty: Internal Medicine

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 56 year old male, who sustained an industrial injury on 11/4/2009, while emptying a trash bin full metal pieces. The diagnoses have included lumbar sprain and strain, emotional stress, Cervical Spine Disc Protrusion with Spinal Stenosis, Lumbar Spine disc protrusion, Left shoulder sternoclavicular pain, Gastrointestinal issues, Hypertension, Hyperlipidemia, Hypothyroidism, Obesity and Sleep Disorder. Treatment to date has included medications, EMG/NCV, MRI of the Lumbar Spine and recommended neck and back surgery, which has been declined by the injured worker. On 12/2/2014, Utilization Review non-certified a request for Urine dipstick, Venipuncture, Plethysmography, 24 HR BP monitor, 24 HR BP monitor, Aorta Scan (Ultrasound), Lab Work for CBC, SED rate, Hepatitis A/B/C and Thyroid panel, Chest X-ray, Follow up visit, Review of records, material safety data sheets and/or scientific literature, if applicable, for purpose of completing narrative report. Details regarding cited guidelines are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECG CPT 93000: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uspreventiveservicestaskforce.org>.

Decision rationale: The U.S. Preventive Services Task Force (USPSTF) recommends against screening with resting or exercise Electrocardiogram (EKG) for the prediction of Coronary Heart Disease (CHD) events in asymptomatic adults at low risk for CHD events. The injured worker is diagnosed with Hypertension. At the time the EKG in question was ordered, documentation fails to demonstrate acute illness or change in the injured worker's condition to warrant additional cardiac testing. The request for ECG CPT 93000 is not medically necessary.

Urine dipstick: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Per guidelines, once hypertension has been diagnosed, an evaluation should be performed to determine the extent of target-organ damage and cardiovascular disease, to evaluate other cardiovascular risk factors, and to decide whether an evaluation for secondary causes of hypertension is warranted. This initial evaluation should include a careful history, physical examination and routine labs, including urinalysis. Documentation provided for review indicates the injured worker was diagnosed with Elevated Blood Pressure over one year prior to the date of the requested urine dipstick under review. Furthermore, there is lack of evidence that the injured worker's diagnosis of Hypertension is related to the Industrial injury. Given that the diagnosis is chronic and the lack of physician reports describing specific causal relation of Hypertension with the injured worker's injury, the medical necessity for Urine dipstick has not been established. The request for urine drug screen is not medically necessary.

Venipuncture: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Venipuncture is the collection of blood from a vein, usually for laboratory testing. With the non-certification of requested lab work, the request for Venipuncture is not medically necessary.

Plethysmography: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Plethysmography is used to measure changes in volume in different parts of the body. This can help check blood. The test may be done to check for blood clots in the arms and legs, or to measure how much air a patient can hold in his/her lungs. The injured worker is diagnosed with Hypertension, but documentation provided lacks evidence to support a specific causal relation of this condition to the injured worker's injury. At the time the EKG in question was ordered, documentation fails to demonstrate acute illness or change in the injured worker's condition to warrant the recommendation for Plethysmography. The request for Plethysmography is not medically necessary.

24 HR BP monitor: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uspreventiveservicestaskforce.org>.

Decision rationale: The USPSTF recommends screening for high blood pressure in adult's age 18 years and older. Ambulatory blood pressure monitoring is recommended to confirm high blood pressure before the diagnosis of hypertension, except in cases for which immediate initiation of therapy is necessary. Documentation provided for review indicates the injured worker was diagnosed with Elevated Blood Pressure over one year prior to the date of the requested service under review. Furthermore, there is lack of evidence that the diagnosis of Hypertension is related to the Industrial injury. Given that the diagnosis is chronic and the lack of physician reports describing specific causal relation of Hypertension with the injured worker's injury, the medical necessity for 24 HR BP monitor has not been established. The request for 24 HR BP monitor is not medically necessary.

Aorta Scan (Ultrasound): 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uspreventiveservicestaskforce.org>.

Decision rationale: The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked. Documentation fails to support that the injured worker fits criteria to support the recommendation of ultrasound imaging. The request for Aorta Scan (Ultrasound) is not medically necessary.

Lab Work: CBC: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Per guidelines, once hypertension has been diagnosed, an evaluation should be performed to determine the extent of target-organ damage and cardiovascular disease, to evaluate other cardiovascular risk factors, and to decide whether an evaluation for secondary causes of hypertension is warranted. This initial evaluation should include a careful history, physical examination, urinalysis, routine blood chemistries, serum creatinine, fasting glucose, lipid panel, and an electrocardiogram (ECG). Documentation provided for review indicates the injured worker was diagnosed with Elevated Blood Pressure over one year prior to the date of the requested urine dipstick under review. While the requested lab work may be appropriate, there is lack of evidence that the diagnosis of Hypertension is related to this Industrial injury. Given that the diagnosis is chronic and the lack of physician reports describing specific causal relation of Hypertension with the injured worker's injury, the medical necessity for CBC has not been established. The request for Lab Work: CBC is not medically necessary.

Lab work: SMA-19: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Per guidelines, once hypertension has been diagnosed, an evaluation should be performed to determine the extent of target-organ damage and cardiovascular disease, to evaluate other cardiovascular risk factors, and to decide whether an evaluation for secondary causes of hypertension is warranted. This initial evaluation should include a careful history, physical examination, urinalysis, routine blood chemistries, serum creatinine, fasting glucose, lipid panel, and an electrocardiogram (ECG). Documentation provided for review indicates the injured worker was diagnosed with Elevated Blood Pressure over one year prior to the date of the requested urine dipstick under review. While the requested lab work may be appropriate, there is lack of evidence that the diagnosis of Hypertension is related to this Industrial injury. Given that the diagnosis is chronic and the lack of physician reports describing specific causal relation of

Hypertension with the injured worker's injury, the medical necessity for SMA-19 has not been established. The request for Lab work: SMA-19 is not medically necessary.

SED rate: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Per guidelines, once hypertension has been diagnosed, an evaluation should be performed to determine the extent of target-organ damage and cardiovascular disease, to evaluate other cardiovascular risk factors, and to decide whether an evaluation for secondary causes of hypertension is warranted. This initial evaluation should include a careful history, physical examination, urinalysis, routine blood chemistries, serum creatinine, fasting glucose, lipid panel, and an electrocardiogram (ECG). The injured worker is diagnosed with Hypertension, but documentation provided lacks evidence to support a specific causal relation of this condition to the injured worker's injury. At the time the requested lab in question was ordered, documentation fails to demonstrate acute illness or change in the injured worker's condition to warrant additional testing. The request for Lab work: SED rate is not medically necessary.

Hepatitis A/B/C: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Per guidelines, once hypertension has been diagnosed, an evaluation should be performed to determine the extent of target-organ damage and cardiovascular disease, to evaluate other cardiovascular risk factors, and to decide whether an evaluation for secondary causes of hypertension is warranted. This initial evaluation should include a careful history, physical examination, urinalysis, routine blood chemistries, serum creatinine, fasting glucose, lipid panel, and an electrocardiogram (ECG). Documentation provided for review indicates the injured worker was diagnosed with Elevated Blood Pressure over one year prior to the date of the requested urine dipstick under review. While the requested lab work may be appropriate, there is lack of evidence that the diagnosis of Hypertension is related to this Industrial injury. Given that the diagnosis is chronic and the lack of physician reports describing specific causal relation of Hypertension with the injured worker's injury or other indication for ordering Hepatitis tests, the medical necessity for Hepatitis A/B/C has not been established. The request for Hepatitis A/B/C is not medically necessary.

Thyroid panel: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Documentation provided reveals that the injured worker is diagnosed with Hypothyroidism. While the requested lab work may be appropriate, there is lack of evidence that the diagnosis of Hypothyroidism is related to this Industrial injury. Given the lack of physician report describing specific causal relation of Hypothyroidism with this injured worker's work-related injury, the medical necessity for Thyroid panel has not been established. The request for Thyroid panel is not medically necessary.

Chest X-ray: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com>.

Decision rationale: Per guidelines, once hypertension has been diagnosed, an evaluation should be performed to determine the extent of target-organ damage and cardiovascular disease, to evaluate other cardiovascular risk factors, and to decide whether an evaluation for secondary causes of hypertension is warranted. This initial evaluation should include a careful history, physical examination, urinalysis, routine blood chemistries, serum creatinine, fasting glucose, lipid panel, and an electrocardiogram (ECG). At the time the Chest X-ray in question was ordered, documentation fails to demonstrate acute illness or change in the injured worker's condition to warrant additional testing. The request for Chest X-ray is not medically necessary.

Follow up visit: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. Per guidelines, the request for Follow up visit is medically necessary.

Review of records, material safety data sheets and/or scientific literature, if applicable, or purpose of completing narrative report: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Review of records would be considered part of Health care provider office visit in the evaluation and treatment of the injured worker. The request for is Review of records, material safety data sheets and/or scientific literature, if applicable, for purpose of completing narrative report is medically necessary.