

Case Number:	CM14-0068102		
Date Assigned:	08/04/2014	Date of Injury:	10/27/2009
Decision Date:	03/24/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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, Indiana, 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 48 year old female, who sustained an industrial injury on October 27, 2009. She has reported a cardiac and respiratory event. The diagnoses have included hypertension, proteinuria, sleep disorder secondary to stress, and seizure disorder. Treatment to date has included electrodiagnostic studies, medications, transthoracic echocardiogram. Currently, the IW complains of poor sleep quality and high blood pressure that is not well controlled and continued seizure episodes. She denies chest pain, and shortness of breath. On examination she is noted to have a blood pressure of 113/93. Her lungs are clear, and heart rate and rhythm are regular. She is noted to have had a electrocardiogram on January 14, 2014, which was unremarkable. An impedance cardiogram completed on January 14, 2014, notes a systolic blood pressure reading of 167, mean arterial pressure of 126, systemic vascular resistance index of 11746, and a systemic vascular resistance of 6526. She is noted to be taking Carbamazepine due to her reported seizure activity. On April 24, 2014, Utilization Review non-certified diagnostic test - cardio respiratory testing, and ICG, and 2D echo with Doppler, and stress echo, and urine toxicology screen, and electrocardiogram, and kidney ultrasound, and carotid ultrasound, based on MTUS, Chronic Pain Medical Treatment guidelines. On May 6, 2014, the injured worker submitted an application for IMR for review of diagnostic test - cardio respiratory testing, and ICG (impedance cardiography), and 2D echo with Doppler, and stress echo, and urine toxicology screen, and electrocardiogram, and kidney ultrasound, and carotid ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test - Cardio Respiratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, diagnostic test cardiorespiratory testing is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) and has not been checking in regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for cardiorespiratory testing in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There is no clinical indication of clinical rationale in the medical record for the diagnostic test cardiorespiratory testing. Consequently, diagnostic test cardiorespiratory testing is not medically necessary.

Impedance cardiography (ICG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, impedance cardiology is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain

behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) And has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for impedance testing in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There is no clinical indication or rationale and the medical record to support impedance cardiology. Consequently, absent clinical documentation to support impedance cardiology with a normal physical examination and no far or lung related complaints, impedance cardiology is not medically necessary.

2D Echocardiogram with Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, 2D echocardiogram with Doppler is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) and has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for 2D echo in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There is no clinical indication of clinical rationale in the medical record for the 2-D echocardiogram/Doppler. Consequently, absent clinical documentation to support a 2-D

echocardiogram/Doppler with no chest pain or shortness of breath and the normal physical examination, 2D echocardiogram/Doppler is not medically necessary.

Stress Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Stress echocardiogram is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) and has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for stress echo in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There is no clinical indication of clinical rationale in the medical record for the stress echocardiogram. Consequently, absent clinical documentation to support a stress echocardiogram with no chest pain or shortness of breath and the normal physical examination, stress echocardiogram is not medically necessary.

Retrospective request for Urine Toxicology Screen, DOS 03/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing March 13, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed

substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) and has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. Urine drug testing is a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. There is no documentation of aberrant drug-related drug seeking behavior. There is no risk assessment in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Additionally, the injured worker is not taking any opiates or muscle relaxants. There is no clinical rationale or information for urine drug screen. Consequently, absent clinical documentation to support a urine drug test, retrospective urine drug testing March 13, 2014 is not medically necessary

Retrospective request for EKG, DOS 03/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Electrocardiogram (EKG) retro March 13, 2014 is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) and has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for cardiorespiratory testing

in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There is no clinical indication of clinical rationale in the medical record for the EKG. Consequently, absent clinical documentation to support an EKG with no chest pain or shortness of breath and the normal physical examination, EKG retro March 13, 2014 is not medically necessary.

Kidney Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Kidney ultrasound is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) And has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for kidney ultrasound in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There is no clinical indication of clinical rationale in the medical record for the kidney ultrasound. Consequently, absent clinical documentation to support a kidney ultrasound with no chest pain or shortness of breath and the normal physical examination or renal related complaints, kidney ultrasound is not medically necessary.

Carotid Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, carotid ultrasound is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are hypertension, proteinuria, sleep disorder secondary to stress, rule out obstructive sleep apnea; and seizure disorder rule out industrial aggravation. Subjectively, the injured worker complains of continuous poor sleep quality and hypertension (patient did not take medication last month). The patient reports less frequent seizure episodes. Patient failed to bring monitor (?) and has not been checking regularly. Patient has no complaints of chest pain and shortness of breath. Objectively, blood pressure is 161/98 with a heart rate of 61. Heart examination was normal. Chest examination was normal abdominal examination was normal. There was no neurologic evaluation form. There is no clinical indication or clinical rationale for carotid ultrasound in the medical record. The injured worker denies chest pain and shortness of breath. Physical examination was unremarkable. There was no documentation of positive physical findings around the carotid arteries. There is no clinical indication of clinical rationale in the medical record for the carotid ultrasound. Consequently, absent clinical documentation to support a carotid ultrasound with no chest pain or shortness of breath and the normal physical examination, carotid ultrasound is not medically necessary.