

<b>Case Number:</b>	CM15-0003237		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/11/1999
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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

### 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 male worker, who sustained an industrial injury on 11/11/1999. On provider visit dated 06/25/2014 the injured worker has reported lower back pain that into both legs. On examination, he was noted to have tenderness at the periumbilical area, lumbosacral spine was noted as having some difficulty sitting up and was using a cane on his left side to help with ambulation. The diagnoses have included hypertension and diabetes mellitus type II, irritable bowel syndrome and probable fatty liver. Treatment to date has included medication, laboratory studies and electrocardiogram. On 12/25/2014 Utilization Review non-certified electrocardiogram and urine dipstick and 24 hours blood pressure monitor. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, a service of the U.S. National Library of Medicine, states at website [www.nlm.nih.gov/medlineplus/ency/article/003868.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm)

**Decision rationale:** The 45 year old patient presents with pain in the lumbar spine that leads to left leg spasm along with burning sensation in bilateral lower extremities, as per progress report dated 08/21/14. The request is for ELECTROCARDIOGRAM. There is no RFA for this case, and the patient's date of injury is 11/11/99. The patient is suffering from severe, constant pain, rated at 8-9/10, in spite of spinal cord stimulator implant on 08/23/11 and removal on 04/21/12, as per progress report dated 08/21/14. The patient is status post L4-S1 decompression and foraminotomy on 01/16/14. Medications, as per the same the report, included Norco and Neurontin. The patient has sleep issues, secondary to pain, as per progress report dated 07/10/14. The patient has history of hypertension and diabetes, as per the same report. The patient is temporarily totally disabled, as per progress report dated 08/21/14. MTUS and ACOEM guidelines do not discuss electrocardiogram. ODG guidelines discuss the procedure only in per-operative cases. MedlinePlus, a service of the U.S. National Library of Medicine, states at <http://www.nlm.nih.gov/medlineplus/ency/article/003868.htm>, that "An electrocardiogram (ECG) is a test that records the electrical activity of the heart." The report also states "An ECG is used to measure: Any damage to the heart; How fast your heart is beating and whether it is beating normally; The effects of drugs or devices used to control the heart (such as a pacemaker); The size and position of your heart chambers." An ECG is often the first test done to determine whether a person has heart disease. Your doctor may order this test if: You have chest pain or palpitations; You are scheduled for surgery; You have had heart problems in the past; You have a strong history of heart disease in the family. There is no reason for healthy people to have yearly ECG tests. In this case, the patient has been diagnosed with hypertension. In progress report dated 06/25/14, the treater states that a prior EKG date of this procedure is not mentioned revealed normal sinus rhythm and some question of left atrial enlargement. The report also states that the patient was diagnosed with hypertension in 2010. In the same report, the treater also states that the patient should undergo EKG every year. Given the patient's history of hypertension and suspicion of left atrial enlargement, this request is reasonable and IS medically necessary.

**Urine dipstick:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinesPlus, a service of the U.S. National Library of Medicine

**Decision rationale:** The 45 year old patient presents with pain in the lumbar spine that leads to left leg spasm along with burning sensation bilateral lower extremities, as per progress report dated 08/21/14. The request is for URINE DIPSTICK. There is no RFA for this case, and the patient's date of injury is 11/11/99. The patient is suffering from severe, constant pain, rated at 8-9/10, in spite of spinal cord stimulator implant on 08/23/11 and removal on 04/21/12, as per

progress report dated 08/21/14. The patient is status post L4-S1 decompression and foraminotomy on 01/16/14. Medications, as per the same the report, included Norco and Neurontin. The patient has sleep issues, secondary to pain, as per progress report dated 07/10/14. The patient has history of hypertension and diabetes, as per the same report. The patient is temporarily totally disabled, as per progress report dated 08/21/14. MTUS, ACOEM and ODG guidelines do not discuss the urine dipstick test. MedlinesPlus, a service of the U.S. National Library of Medicine, states that "Urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine." The report further states "A urinalysis may be done: As part of a routine medical exam to screen for early signs of disease; If you have signs of diabetes or kidney disease, or to monitor you if you are being treated for these conditions; To check for blood in the urine; To diagnose a urinary tract infection." In this case, the patient has been diagnosed with diabetes mellitus. As per progress report dated 06/25/14, a previous urinalysis revealed 3+ glucose. Given the patient's diagnoses of diabetes, repeat analysis is reasonable. MedlinePlus also states that routine testing is appropriate for individuals with diabetes. Hence, the request IS medically necessary.

**24-Hour BP monitor:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation August 2013 issue of the journal Diabetes Care, at website [http://care.diabetesjournals.org/content/36/Supplement\\_2/S307.full](http://care.diabetesjournals.org/content/36/Supplement_2/S307.full),

**Decision rationale:** The 45 year old patient presents with pain in the lumbar spine that leads to left leg spasm along with burning sensation bilateral lower extremities, as per progress report dated 08/21/14. The request is for 24-HOUR BP MONITOR. There is no RFA for this case, and the patient's date of injury is 11/11/99. The patient is suffering from severe, constant pain, rated at 8-9/10, in spite of spinal cord stimulator implant on 08/23/11 and removal on 04/21/12, as per progress report dated 08/21/14. The patient is status post L4-S1 decompression and foraminotomy on 01/16/14. Medications, as per the same the report, included Norco and Neurontin. The patient has sleep issues, secondary to pain, as per progress report dated 07/10/14. The patient has history of hypertension and diabetes, as per the same report. The patient is temporarily totally disabled, as per progress report dated 08/21/14. MTUS, ACOEM and ODG guidelines do not discuss 24-hour blood pressure monitoring. An article published in the August 2013 issue of the journal Diabetes Care, at [http://care.diabetesjournals.org/content/36/Supplement\\_2/S307.full](http://care.diabetesjournals.org/content/36/Supplement_2/S307.full), revealed that "Twenty-four-hour ambulatory BP monitoring (ABPM) is a precise method to quantify BP levels and diagnose HTN. Recent studies showed that 24-h ABPM is more accurate than office BP measurements in predicting cardiovascular morbidity and mortality (3-6)." In this case, the patient has a history of hypertension, and has also been diagnosed with diabetes, as per progress report dated 06/25/14. Recent studies have revealed that 24-hour blood pressure monitoring is more effective in "predicting cardiovascular morbidity and mortality." Given the patient's risk factors, the request IS medically necessary.

