

Case Number:	CM15-0131550		
Date Assigned:	07/17/2015	Date of Injury:	08/01/2013
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Pennsylvania, Ohio, 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 a 35 year old male, who sustained an industrial injury on 8/1/13. Initial complaints were not reviewed. The injured worker was diagnosed as having tinnitus; cervical spine multilevel disc displacement; cervical spinal stenosis; cervical radiculopathy; right elbow partial tear common extensor tendon; right elbow lateral epicondylitis; thoracic spine pain; thoracic spine scoliosis; lumbar disc displacement; lumbar spine spondylolisthesis; lumbar spinal stenosis; lumbar radiculopathy; low back pain; anxiety disorder; mood/sleep disorder; stress; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of sharp, throbbing headaches and the pain is described as constant, moderate to severe rating the pain level at 5/10. There is no complaint of left ear pain on this date. The injured worker complains of sharp, stabbing neck pain and muscle spasms and described as constant, moderate to severe rated at 5-6/10. The pain is aggravated by looking up, looking down, side to side as well as repetitive motion of the head and neck. It is associated with numbness and tingling of the bilateral upper extremities. There are also complaints of sharp achy elbow pain and muscle spasms described as constant, moderate to severe rated at 5-6/10 and aggravated by gripping, grasping, reaching, pulling and lifting. There is also noted dull, boring mid back pain and muscle spasms rated at 5-6/10 aggravated by prolonged sitting, standing, walking and bending. He complains of sharp, stabbing low back pain and muscle spasms rated at 6-7/10 as constant, moderate to severe associated with numbness and tingling of the bilateral lower extremities. He is frustrated with his injury and is experiencing stress, anxiety, insomnia

and depression due to the chronic pain, physical limitations, and inability to work and uncertain future since his injury. Medications do offer him temporary relief of pain and improve his ability to have a restful sleep and denies any problems with medications. The provider documents a physical examination. The treatment plan on this date requested an ENT specialist consultation regarding hearing loss and a course of shockwave therapy for the right elbow, cervical, thoracic and lumbar spine. There is pending requests for EMG/NCV study of the upper extremities as well as a orthopedic and psychologist consultation. The provider is requesting authorization of Pulmonary Function Test; EKG/ECHO Labs and Chest X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Function test: 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, Lumbar & Thoracic-Preoperative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: This request is a request for preoperative testing. However, the records do not clearly indicate that this patient has been approved for surgery or a procedure for which this diagnostic testing would be indicated. Therefore, the guidelines and medical records do not support this request. This request is not medically necessary.

EKG/ECHO Labs: 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, Lumbar & Thoracic-Preoperative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: This request is a request for preoperative testing. However, the records do not clearly indicate that this patient has been approved for surgery or a procedure for which this diagnostic testing would be indicated. Therefore, the guidelines and medical records do not support this request. This request 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), Low back, Lumbar & Thoracic-Preoperative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: This request is a request for preoperative testing. However, the records do not clearly indicate that this patient has been approved for surgery or a procedure for which this diagnostic testing would be indicated. Therefore, the guidelines and medical records do not support this request. This request is not medically necessary.