MAXIMUS Federal Services

Case Number:	CM15-0136316		
Date Assigned:	07/24/2015	Date of Injury:	07/09/2014
Decision Date:	10/13/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 7-9-14. He reported injury to his neck, trunk, and back. The injured worker was diagnosed as having lumbar spinal canal stenosis, lumbar degenerative disc disease, lumbar radiculopathy of bilateral lower extremities, and cervical sprain and strain with radicular complaints down the right upper extremity. Treatment to date has included physical therapy. Currently, the injured worker complains of neck pain radiation to the right arm with numbness and tingling in both arms and low back pain radiating to bilateral legs. The treating physician requested authorization for retrospective cardio-respiratory testing and electrocardiogram for the date of service 4-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cardiorespiratory Testing DOS: 4/29/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines-Treatment in Workers' Compensation, 2015 web-based edition http://www.dir.ca.gov/t8/ch4_5ab1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessing Cardiorespiratory Fitness Without Performing Exercise Testing, American Journal of Preventive Medicine, 29(3), 185-193.

Decision rationale: The request is not medically necessary. There were no MTUS or ODG guidelines for cardiorespiratory testing. The patient lacked enough cardiac risk factors to warrant a cardio-respiratory testing. He does not have documented treated hypertension or cardiac history. There was no documented strong family cardiac history. He did smoke 10 cigarettes daily which is a risk factor. The patient had neck pain radiating to right arm with bilateral numbness and tingling. There were also no documented concerns for arrhythmias or metabolic disorders. There was no documented chest pain and associated symptoms. Therefore, the request is considered not medically unnecessary.

Retrospective EKG DOS: 4/29/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015 web based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for Electrocardiography: A report of the American College of Cardiology/American Heart Association Task Force on assessment of diagnostic and therapeutic cardiovascular procedures (Committee on Electrocardiography).

Decision rationale: The request is not medically necessary. There were no MTUS or ODG guidelines for electrocardiograms, so ACC/AHA Task Force guidelines on electrocardiography were used. The patient lacked enough cardiac risk factors to warrant an cardio-respiratory testing and EKG. He does not have documented treated hypertension or cardiac history. There was no documented strong family cardiac history. He did smoke 10 cigarettes daily which is a risk factor. The patient had neck pain radiating to right arm with bilateral numbness and tingling. There were also no documented concerns for arrhythmias or metabolic disorders. There was no documented chest pain and associated symptoms. The patient was not continued on medications that would require monitoring with an EKG. Therefore, the request is considered not medically necessary.