

<b>Case Number:</b>	CM15-0143182		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Arizona, Texas

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 51-year-old female who sustained a work related injury July 25, 2006. Past history included status post lumbar spine surgery February 2012 and status post cervical spine laminectomy December 2013, hypertension, diabetes mellitus, gastritis, irritable bowel syndrome, and hemorrhoids. According to a secondary treating physician's progress report dated April 30, 2015, the injured worker presented with improvement of gastritis, irritable bowel syndrome, hemorrhoids and symptoms of gastroesophageal reflux. Physical examination revealed; lungs are clear to auscultation; heart rate and rhythm regular without rubs or gallops; abdomen is obese with 2 + tenderness in the epigastric region; right upper quadrant tenderness and distension. Diagnoses are gastroesophageal reflux disease (secondary to NSAIDS -non-steroidal anti-inflammatory drugs); gastritis secondary to NSAIDS; irritable bowel syndrome secondary to narcotics and NSAIDS; hemorrhoids secondary to constipation; status post H-pylori treatment; hypertension; hyperlipidemia; obstructive sleep apnea; depression. Treatment recommendations included gastrointestinal laboratory work up, urinalysis, Accu-Chek for blood glucose, and abdominal ultrasound. At issue, is the request for authorization for cardio-respiratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-respiratory testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8985793><http://www.ncbi.nlm.nih.gov/pubmed/16168867>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com.

**Decision rationale:** The MTUS is silent regarding the topic of cardio-pulmonary testing. According to UptoDate.com, [REDACTED] ([REDACTED] / [REDACTED]) Update of Practice Guidelines for Exercise Testing, published in 2002, list the following indications for ordering a functional Vo<sub>2</sub> exercise test: Evaluation of exercise capacity and response to therapy in patients with heart failure (HF) who are being considered for heart transplantation. A reproducible Vo<sub>2</sub>max of less than 10 to 12 MI/kg per min is one of the minimum requirements for consideration for transplantation. Assistance in the differentiation of cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea or impaired exercise capacity when the cause is uncertain. Evaluations of exercise capacity when indicated for medical reasons in patients in whom the estimates of exercise capacity from exercise test time or work rate are unreliable. In this case, the documentation does not support that the patient is suffering from any cardiac or pulmonary disease. There is no documentation or diagnosis to support the need for cardio-pulmonary testing. Therefore, the request is not medically necessary.