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| Case Number: | CM15-0160087 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 07/15/2011 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 07-15-2011 as an insulator. An earlier date of injury was also noted on the doctor's first report of injury as 05-28-2008. The injured worker was diagnosed with rule out reactive airway disease, rule out toxic-asbestos exposure, industrial stress, sinusitis and orthopedic injury. Treatment to date has included laboratory blood work, psychological evaluation and diagnostic testing. According to the primary treating physician's progress report on July 2, 2015 the injured worker reported exposure to asbestos and dust and reported shortness of breath, nasal congestion, chest pain, back, neck, right shoulder and knee pain along with emotional stress. Physical examination was within normal limits. Current medications were not documented. Treatment plan consists of the current request for laboratory work: venipuncture, urine dipstick, glucose reagent strip, Computed Tomography (CT) of the chest, sinus Computed Tomography (CT) and cardiac and pulmonary treadmill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work: Venipuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of venipuncture for this patient. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has a history of asbestos exposure. None of the labs requested are medically necessary. Therefore, based on the submitted medical documentation, the request for venipuncture is not medically necessary.

Urine Dipstick: Upheld

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 Official Disability Guidelines (ODG) Back Pain, Laboratory testing/preoperative testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing in this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), "urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." A UA is also appropriate if there is concern for signs or symptoms of active infection. A review of the medical documentation provided demonstrates that this patient has a history of asbestos exposure. Asbestos exposure does not predispose to urologic conditions. There is no clear indication why a urine dipstick is being ordered in relation to this condition. Thus, based on the submitted medical documentation, medical necessity for urine dipstick testing has not been established.

Glucose-Reagent Strip: Upheld

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 Should blood glucose strips be used in type 2 diabetes Meeto DD, Wong L. Br J Nurs. 2015 Apr 9-22; 24(7): 362.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of glucose reagent strips for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic.

Glucose reagent strips are defined as "a strip of impregnated with a reagent to a given substance, used in testing for that substance in a body fluid or other secretion." However, this patient does not have any documented history of diabetes secondary to asbestos exposure. The patient's clinical records are unclear why he would require glucose reagent strips. Therefore, based on the submitted medical documentation, the request for glucose reagent strips is not medically necessary.

Sinus CT Scan: Upheld

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 American College of Radiology ACR Appropriateness Criteria: CT of the Head and Neck Resolution 39; amended 2014.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Chest CT for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. The American College of Radiology Appropriateness Criteria for Sinus CTs states that a sinus CT is indicated if there is a congenital or anatomic abnormality noted. Other indications include fibroosseous disease, neoplasm, or chronic inflammation. The medical records reflect that this patient has not been evaluated or failed empiric treatment for conditions which can result in a chronic sinusitis. Nasal congestion itself does not warrant a CT without further signs or symptoms of infectious disease. Therefore, based on the submitted medical documentation, the request for Sinus CT is not medically necessary.

CT Chest Scan: Upheld

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 Official Disability Guidelines (ODG) Pulmonary, Acute and Chronic, Diagnostic Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Chest CT for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that a Chest CT is indicated if the patient has red flags concerning for malignancy or has failed empiric therapy for GERD, Non-asthmatic eosinophilic bronchitis (NAEB) and asthma/Upper Airway Cough Syndrome (UACS). Per the Mesothelioma foundation, a CT chest is not a first line imaging test for patients with a history of asbestos exposure. Patients should only receive a Chest CT if they demonstrate evidence of airway disease consistent with their exposure, on pulmonary function testing. The medical records reflect that this patient has not been evaluated or received

pulmonary function testing. Therefore, based on the submitted medical documentation, the request for Chest CT is not medically necessary.

Cardiac Treadmill and pulmonary treadmill: Upheld

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 Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of cardiac & pulmonary treadmill testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of treadmill studies. The Occupational Disability Guidelines (ODG) states that Cardiac Treadmill testing is a type of cardiac stress test used to measure the heart's ability to respond to external stress in a controlled clinical environment. This test can be used to diagnose ischemic heart disease. Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care. Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral artery disease, or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure. This patient has no evidence of unstable angina or acute chest pain. He also has not had an EKG which showed ischemic changes. Laboratory tests to support myocardial ischemia (CPK, CKMB, or troponin) have not been performed. In this clinical situation, a treadmill stress test is not warranted. Furthermore, a Pulmonary treadmill test is not warranted without preexisting pulmonary function testing. Therefore, based on the submitted medical documentation, the request for cardiac & pulmonary treadmill testing is not medically necessary.