

Case Number:	CM15-0163214		
Date Assigned:	08/31/2015	Date of Injury:	01/17/2006
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39-year-old male, who sustained an industrial injury on January 17, 2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar fusion, status post lumbar discectomy, and lumbar intervertebral disc disorder with myelopathy, sciatica, gastroesophageal reflux disease, constipation and diarrhea, hypertension with hypertensive retinopathy, obstructive sleep apnea, hypertriglyceridemia, and diabetes mellitus. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, magnetic resonance imaging of the lumbar spine, impedance cardiography (ICG), and electrocardiogram. The documentation provided included prior impedance cardiography performed on June 03, 2015 that was remarkable for a systolic blood pressure (SBP) of 150, diastolic blood pressure (DBP) of 92, mean arterial pressure of 109, systemic vascular resistance index (SVRI) of 6682, and systemic vascular resistance (SVR) of 3322. In a progress note dated July 15, 2015 the treating physician reports complaints of an increase in acid reflux, diarrhea with constipation, and worsening sleep disturbance. Examination was unrevealing for acute processes. The treating physician requested an impedance cardiography (ICG), but the documentation did not indicate the specific reason for the requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Impedance cardiography (ICG): 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 www.UpToDate.com.

Decision rationale: This 39 year old male has complained of low back pain, hypertension and acid reflux since date of injury 1/17/2006. He has been treated with surgery, physical therapy and medications. The current request is for impedance cardiography (ICG). The available medical records do not contain documentation of symptomatology or objective findings that would support the indication for obtaining the requested study. Based on the available medical records and per the guidelines cited above, impedance cardiography (ICG) is not indicated as medically necessary.