

Case Number:	CM15-0168488		
Date Assigned:	09/09/2015	Date of Injury:	09/17/2010
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 56 year old female, who sustained an industrial injury on 9-17-10. She reported neck and back pain. The injured worker was diagnosed as having sleep disorder, acid reflux, and abdominal pain. Treatment to date has included medication. On 7-17-15 the injured worker reported the use of antidepressant, anti-seizure, opioid pain, and sleep aid medication was helpful. On 7-9-15 blood pressure was noted to be 144-82 with a regular heart rate and rhythm. No rubs or gallops were noted. Currently, the injured worker complains of insomnia associated with ongoing pain and anxiety. The treating physician requested authorization for a sleep study and a 2D echocardiogram. On 7-28-15 the requests were non-certified. Regarding the sleep study the utilization review physician noted "there is no evidence of an Epworth sleepiness scale or prior attempts at initial management of sleep disturbance are not outlined." Regarding the echocardiogram the utilization review physician noted "with limited clinical findings of cardiovascular dysfunction the medical necessity of the requested 2D echocardiogram is not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study: 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), Pain, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Polysomnography.

Decision rationale: The patient presents on 07/09/15 with abdominal pain, acid reflux, improving constipation, and blood in her stool. The patient's date of injury is 09/17/10. Patient has no documented surgical history pertinent to this request. The request is for SLEEP STUDY. The RFA was not provided. Physical examination dated 07/09/15 is unremarkable, patient's blood pressure is 144/82, heart rate is 74, with no cardiovascular abnormalities noted. The patient is currently prescribed Protonix, Trazodone, Venlafaxine, Ativan, Gabapentin, Oxycodone, and Oxycontin. Patient is currently not working. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: Recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep- promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In regard to the request for a sleep study, the treater has not provided a reason for the request. Addressing the criteria for sleep studies, this patient does not appear to display excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. There is evidence of chronic musculoskeletal pain and abdominal complaints and a formal diagnosis of a sleep disorder, however the provider does not include a rationale as to why such testing is necessary. In this case, the patient does not satisfy ODG criteria for sleep studies and the request cannot be substantiated. This request IS NOT medically necessary.

2D Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., p 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.circ.ahajournals.org/content/95/6/1686.full.

Decision rationale: The patient presents on 07/09/15 with abdominal pain, acid reflux, improving constipation, and blood in her stool. The patient's date of injury is 09/17/10. Patient has no documented surgical history pertinent to this request. The request is for 2D ECHOCARDIOGRAM . The RFA was not provided. Physical examination dated 07/09/15 is unremarkable, patient's blood pressure is 144/82, heart rate is 74, with no cardiovascular

abnormalities noted. The patient is currently prescribed Protonix, Trazodone, Venlafaxine, Ativan, Gabapentin, Oxycodone, and Oxycontin. Patient is currently not working. MTUS/ACOEM did not discuss echocardiogram. Other guidelines were used. In the journal Circulation. 1997; 95: 1686-1744, the ACC/AHA Guidelines for the Clinical Application of Echocardiography, for systemic hypertension states: "Echocardiography is the noninvasive procedure of choice in evaluating the cardiac effects of systemic hypertension. M-mode and two-dimensional echocardiographic estimates of LV mass are more sensitive and specific than either the ECG or chest radiograph in diagnosing LV hypertrophy or concentric remodeling." In regard to the 2D echocardiogram, the treater has not provided a reason for the request. This patient presents with significant chronic pain complaints and per progress note 07/09/15 is also having some gastrointestinal upset with evidence of blood in her stool. The provider does not document any cardiorespiratory abnormalities on physical exam or provide a rationale for the request. This patient does present with elevated systolic blood pressure, but there is no indication in the progress note that this patient is suffering from any acute or chronic cardiac condition or that the treater suspects one. Without a rationale as to why such testing is necessary, or physical examination findings indicative of cardiac abnormalities, the request cannot be substantiated. The request IS NOT medically necessary.