

Case Number:	CM15-0205485		
Date Assigned:	10/22/2015	Date of Injury:	08/08/2011
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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, California
 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 49 year old male who sustained an industrial injury on 8-8-11. The injured worker reported pain in the back with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical, lumbar and shoulder sprain strain. Medical records dated 7-27-15 indicate pain rated at 5 out of 10. Treatment has included left shoulder magnetic resonance imaging (9-22-14), cervical spine magnetic resonance imaging (9-22-14), Cyclobenzaprine since at least May of 2015, Naproxen since at least May of 2015, and Tramadol since at least May of 2015. Objective findings dated 8-31-15 were notable for tenderness to palpation to the thoracic and lumbar spine with spasms, limited range of motion due to pain. The original utilization review (9-30-15) denied a request for SphygmoCor testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

SphygmoCor 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/24304654>.

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 and pg 64, pain chapter and pg 114.

Decision rationale: SphygmoCor testing involves non-invasive testing of the arteries. In this case, the claimant has referred back pain to the legs. There was no mention of peripheral vascular disease concerns or abnormal cardiovascular exam or risk factors that would require such testing. The request for SphygmoCor testing was not justified and is not medically necessary. There was mention of insomnia and dizziness on the testing request but a thorough ENT/cardiopulmonary exam was not noted to justify the testing.