

<b>Case Number:</b>	CM15-0210779		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, North Carolina

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 66 year old male, who sustained an industrial injury on 10-6-2009. The injured worker is undergoing treatment for: neck and low back pain. On 8-7-15, he reported neck and low back pain with radiating pain and numbness into the bilateral upper extremities down to the hands with right being worse than left. He indicated his pain to remain unchanged from his last visit. He is noted to use a cane for ambulation. He rated his neck pain 8 out of 10. He rated his low back pain 7.5 out of 10. Physical examination revealed decreased sensation of L4, decreased reflexes of the bilateral biceps, brachioradialis and triceps, positive bilateral spurlings testing. On 8-24-15, objective findings revealed his blood pressure was 181 over 95, pulse 74, weight 235 pounds, heart is noted to be "regular without murmur, gallop, or rub". He was given a diagnosis of hypertension, and diabetes. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (11-3-11, 7-24-14), magnetic resonance imaging of the cervical spine (11-3-11), urine drug screen (6-17-15), QME (6-19-15), magnetic resonance imaging of bilateral shoulder (5-16-15), at least 18 chiropractic sessions, home exercise program. Medications have included: Flexeril, Prilosec, Ultracet, capsaicin cream, tramadol, Elavil. Current work status: permanent and stationary. The request for authorization is for: EndoPAT. The UR dated 9-23-2015: non-certified the request for EndoPAT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endo-PAT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**Decision rationale:** The claimant is a 66 year-old hypertensive diabetic male with a date of injury of 10/6/2009 who has chronic neck and low back pain. The request is for an EndoPat test. EndoPat is a noninvasive diagnostic device for functional vascular health assessment for both large and small arteries. It measures changes in pressure that indicate changes in arterial blood volumes. The EndoScore predicts heart disease. In this case, the rationale for this test is not made clear in the submitted documentation. The diagnoses of hypertension and diabetes are not accepted occupational diagnoses at this time. Therefore, the request is not medically necessary or appropriate.