MAXIMUS Federal Services

| Case Number: | CM15-0038744 | | |
|---|---|---|---|
| Date Assigned: | 03/09/2015 | Date of Injury: | 09/30/2014 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

## 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 60 year old male, who sustained an industrial injury on 9/30/14. He reported low back pain with radiation to left buttocks and down left leg. The injured worker was diagnosed as having abdominal pain, acid reflux, chest pain, cephalgia, sleep disorder and psychiatric diagnoses. Treatment to date has included 2D echo, (MRI) magnetic resonance imaging of brain, Upper GI, oral medications, Toradol intramuscular injection, lumbar support and modified work. Currently, the injured worker complains of no change in chest pain, worsening acid reflux, worsening abdominal pain and unchanged headache pressure. An EKG, pulmonary function test, stress echo, chest x-ray and abdominal ultrasound are pending scheduling at this time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** 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/pubmedhealth/PMH0004319/.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Screening for coronary heart disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The treating physician has not provided the specific indications for the EKG. There are many possible indications. One of the possible categories for EKG application is as a screening test for heart disease, as per the guideline cited above. The treating physician has not provided the indications for the EKG as a screening test per this guideline or any other guidelines. With the available information, the EKG is not medically necessary.

**Pulmonary Function Testing:** 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) Pulmonary Function Testing.

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

**Decision rationale:** The MTUS does not address pulmonary function testing. The Official Disability Guidelines provides specific recommendations, including asthma and other lung diseases. The treating physician has provided no indications and no specific lung diseases for which pulmonary function testing is indicated. The request is not medically necessary.

**Stress Echo:** 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/pmc/acrticles/PMC1767520/.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of stress echocardiography. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS does not address the indications for stress echocardiography. The treating physician has not provided the specific indications. The cited guideline lists indications such as evaluating patients with coronary artery disease. Given the lack of specific indications provided by the treating physician, the test is not medically necessary.

**Abdominal Ultrasound:** 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/pubmedhealth/PMH0004236.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnostic approach to abdominal pain in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS does not address the indications for abdominal ultrasonography. The injured worker reported abdominal pain, and examination was reported to show a soft abdomen with positive bowel sounds. The treating physician has not provided the specific indications for an abdominal ultrasound. The cited guideline lists indications such as evaluating patients with acute and chronic abdominal pain. Initial evaluation should include a detailed physical examination and initial diagnostic testing including laboratory testing including blood count chemistries, aminotransferases, and other blood tests. A detailed abdominal examination was not documented, and no discussion of such laboratory testing was discussed. Given the lack of specific indications provided by the treating physician, the test is not medically necessary.

**Upper GI Series:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.hlm/nih.gov/pubmedhealth/PMH004273/.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnosis of peptic ulcer disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS does not address the indications for the upper GI series. The treating physician has not provided the specific indications, particularly in light of the upper GI series that was already completed. The cited guideline lists indications such as evaluating patients with ulcer disease, and the indications for the upper GI vs endoscopy. Given the lack of specific indications provided by the treating physician, the test is not medically necessary.

**Urine Toxicology Screen:** 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, Urine Drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use or the presence of illegal drugs; Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control; Opioid contracts: (9) Urine drug screens may be required; Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 43, 77; 78; 89; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use; Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case of an opioid therapy program. The treating physician has not listed any other reasons to do the urine drug screen. The details of testing have not been provided. The guidelines cited above make a number of detailed recommendations for testing, including the frequency and content of testing, and directions for interpreting drug test results. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician has not addressed any of these issues. The urine drug screen is not medically necessary in light of the lack of specific indications and the guideline recommendations.

**Chest X-ray:** 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 chapter, X-ray.

**Decision rationale:** The MTUS does not address the indications for chest x-ray studies. The treating physician has not provided the specific indications. The cited Official Disability Guidelines lists indications such as evaluating patients with acute cardiopulmonary conditions. Routine radiographs are not recommended in the absence of specific indications. Given the lack of specific indications provided by the treating physician, the test is not medically necessary.

**Labs:** 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 Evidence-Based Criteria Cited By Expert Reviewer: A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral with its indications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations.

**Decision rationale:** The request to Independent Medical Review is for tests which were not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. 'Labs' could refer to any of hundreds or thousands of possible tests. The request is therefore not medically necessary based on the lack of sufficient indications provided by the treating physician.