

Case Number:	CM15-0050539		
Date Assigned:	03/24/2015	Date of Injury:	04/03/2008
Decision Date:	05/07/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York

Certification(s)/Specialty: Emergency 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 62 year old female who has reported multifocal pain and internal medicine conditions attributed to an injury on 04/03/2008. Painful areas include the wrist and neck. Diagnoses include carpal tunnel syndrome, degenerative changes of the cervical spine, hypertension, abdominal pain, acid reflux and sleep disorder. Treatment to date for pain has included medication. The treating physician reports during 2014 list prior tests, which include a normal echocardiogram in 2011 and an echocardiogram on 8/25/14 showing left atrial enlargement. Blood chemistries were normal in 2011. Urine and renal studies in 2013 were normal. A chest x-ray on 5/22/14 showed a possible thyroid goiter and cardiomegaly. On 01/27/2015, the injured worker reported home blood pressure of 140/80, nausea, constipation and diarrhea. Blood pressure was 160/86. The cardiovascular and respiratory examinations were within normal limits. The treatment plan included a 2D echocardiogram, chest x-ray, Sudoscan, labs and urine toxicology screen. No specific reasons were given for any of these tests. None of the other recent reports from this physician from before or after 1/27/15 provide any further information regarding the indications for the requested testing. On 2/16/15, Utilization Review non-certified a urine drug screen, an echocardiogram, a chest x-ray, a Sudoscan, and laboratory tests. Note was made of the lack of indications for these tests. A variety of guidelines were cited, including the Official Disability Guidelines, Aetna Policy Bulletins, individual research papers, and a JNC report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80, 94, 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.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications were listed as requiring urine monitoring, and the need for management via a urine drug screen is not explained. 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 that opioids are prescribed. The cited guidelines provide an extensive discussion of the indications for urine drug screens, and include such things as opioid prescribing, opioid abuse, chronic pain that is poorly responsive to treatment, and others. Such indications were not described in this case. The treating physician has not listed any other reasons to do the urine drug screen. Therefore, there is no indication for this urine test and it is not medically necessary.

2D (dimensional) Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography (Mansl & Lange).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of echocardiography.

Decision rationale: The MTUS does not address the indications for echocardiography. The treating physician has not provided the specific indications. The cited guideline lists indications such as evaluating patients with structural heart disease. The treating physician did not address the prior results of echocardiography and reasons why repeat testing was indicated. Given the lack of specific indications provided by the treating physician, the test is not medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-SPR Practice Parameter for the performance of Chest Radiography.

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. The recent clinical examination was normal. The treating physician did not address the need for a repeat study in light of the prior results. Given the lack of specific indications provided by the treating physician, the chest x-ray is not medically necessary.

Sudoscan, electrochemical skin conductance (ESC): 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 UpToDate, Etiology, clinical manifestations, and diagnosis of complex regional pain syndrome in adults. Diabetic autonomic neuropathy.

Decision rationale: The treating physician did not provide clinical information and patient-specific information to support this test. According to the reports, this test is for "sudomotor function assessment." The MTUS does not address this kind of testing. Although the treating physician did not address the patient-specific indications for this test, it is possible that it was prescribed for assessment of CRPS. The reports also mention diabetic neuropathy. The UpToDate references above discuss the use of this kind of autonomic testing in the context of CRPS and diabetes. None of the clinical factors associated with CRPS and diabetes were described in this case and the treating physician did not discuss the indications for any test used for CRPS or diabetes. Any other possible indications for this test in this injured worker are speculative as well. The test is not medically necessary based on the available clinical information and the cited guidelines.

Laboratory Exams (GI gastrointestinal and HTN hypertension profiles, U/A urinalysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The 7th Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Overview of hypertension in adults.

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, the specific tests prescribed, and the indications. Although some testing is

indicated in some patients with hypertension or gastrointestinal conditions, there are many possible tests that might be indicated depending on the clinical scenario. The request is therefore not medically necessary based on the lack of sufficient indications and the lack of a sufficiently specific prescription provided by the treating physician. The MTUS does not address this request. A sample guideline is cited above, with a recommendation for some kinds of serum chemistries and urine tests for newly diagnosed hypertension. This patient does not have newly diagnosed hypertension. Repeat testing may be indicated for some patients depending on the clinical factors. None of this kind of information was presented. Therefore, this request is not medically necessary.