Case Number:	CM15-0089769		
Date Assigned:	05/14/2015	**Date of Injury:**	09/11/2002
Decision Date:	07/16/2015	**UR Denial Date:**	05/07/2015
Priority:	Standard	**Application Received:**	05/11/2015

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 was a 67-year-old female who sustained an industrial injury on September 11, 2002. The injury was sustained from a slip and fall. The injured worker previously received the following treatments lumbar spine MRI, transforaminal epidural injection at L1-2 and L2-3 bilaterally, Norco, Gabapentin, Carisoprodol, Diclofenac, Atorvastatin, Lisinopril, Lopressor, physical therapy, left ankle x-rays which showed ossicle distal fibula and ankle mortise was maintained, Lidoderm Patches and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities. The injured worker was diagnosed with bilateral sciatica, acid reflux disease, constipation, hypertension, arrhythmia, left ventricular hypertrophy and left atrial enlargement on echocardiogram, hyperlipidemia, sleep disorder, left ankle effusion, left ankle joint pain, chronic L5 radiculopathy, multilevel degenerative disc disease with spinal fusion at L5-S1 with pedicle screw and rod fusion, narrowed stenosis of the spinal canal at L4-L5 due to ligamentum flavum hypertrophy and mild facet arthrodesis with diffuse disc bulging, left hemi- laminectomy and ligamentum flavum thickening, sprain of the left ankle with fracture of the posterior tibial platform. An internal medicine consultation on 9/22/14 noted that the injured worker reported checking his blood pressure on a regular basis and that the average measured at 130/80. He denied shortness of breath, dyspnea on exertion, chest pain, syncope, palpitations, abdominal pain, nausea, vomiting, diarrhea, melena, or bright red blood per rectum. Examination showed clear lungs, regular heart rate and rhythm, soft abdomen, and extremities were without edema. The requested studies were ordered and medications were continued. According to progress note of April 15, 2015, the injured workers chief complaint was left lower extremity pain. The injured worker has had previous back

surgeries at the L4-L5 levels. The last surgery was done on L3-L4. The injured worker was having difficulty with walking upstairs due to low back pain and left lower extremity pain as well as right leg and buttocks pain. The injured worker was having difficulty with walking, standing, sitting and reaching to grasp things off a shelf. The physical exam noted the injured worker walked with an antalgic gait. The injured worker had 50% loss of range of motion of the lumbar spine, flattening of the lumbar spine. The injured worker had diffuse tenderness of the lumbar core. There were positive sciatic tension tests on the left. The injured worker was not submitting to a 5th lumbar surgery. There was decreased sensation in the L4-L5 distribution as well as S1. There was absent reflex on the left ankle and knee jerk. Examination on 4/22/15 showed lungs clear, heart regular rate and rhythm, soft abdomen, and extremities without clubbing, cyanosis, or edema. The treatment plan included gastrointestinal profile laboratory studies (TSH, AML, Lipid profile, comprehensive metabolic panel, completed blood count, HPYA) Urine laboratory studies (urine micro albumin, comprehensive metabolic panel, completed blood count with differential, TSH, T3, T4, lipid profile, retro urinalysis and ICG, 2D echo, carotid ultrasound and venous vascular studies. On 5/7/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI (gastrointestinal) Profile (TSH (thyroid-stimulating hormone), AML, LIPS (lipase), CMPR, HPYA, CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, cardiovascular symptoms and GI risk Page(s): 68-70.

Decision rationale: This injured worker has a diagnosis of acid reflux disease and constipation. He was prescribed diclofenac, a nonsteroidal anti-inflammatory (NSAID) medication. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). The request is for multiple laboratory tests including a GI profile, thyroid tests, chemistries, and blood count. Although some of the requested tests may be indicated due to use of a NSAID, the treating physician has not provided specific indication for each of the requested tests. No recent gastrointestinal (GI) signs or symptoms were discussed. There was no history of thyroid issues documented. Recent abdominal examination was unremarkable. Tests should not be performed without specific indication. The specific tests to be performed in the GI profle were not specified. There are many possible laboratory tests related to gastrointestinal issues, and the documentation does not indicate the specific tests to be performed. Due to lack of specific indications and lack of a sufficiently specific prescription, the request for the listed laboratory tests is not medically necessary.

HTN (hypertension) Profile (Urine Microalbumin, CMPR (comprehensive metabolic panel report), CBC W/ DIFF (complete blood count with differential), TSH (thyroid-stimulating hormone), T3, T4, LIPID, CMP (comprehensive metabolic panel)): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, cardiovascular symptoms and GI risk Page(s): 68-70.

Decision rationale: This injured worker has a history of hypertension and hyperlipidema. He has also been prescribed an NSAID. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). Although some of the requested tests may be indicated due to use of NSAIDS, the request is for multiple laboratory tests, including thyroid tests. The treating physician has not provided specific indication for each of the requested tests. Tests should not be performed without specific indication. There was no documentation of any thyroid issues. Due to lack of specific indication for all of the requested tests, the requested laboratory studies are not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Wald, Ron: Urinalysis in the diagnosis of kidney disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The urinalysis is used in evaluating acute and chronic kidney disease, and can be used to monitor the course of kidney diseases in some patients. It may be used in patients with suspected kidney disease (on the basis of clinical findings or concurrent illness) or kidney stones. In this case, there was no documentation of presence of suspicion of kidney disease. The treating physician has not discussed the reason for the requested urinalysis. Tests should not be performed without specific indication. Due to lack of specific indication, the request for urinalysis is not medically necessary.

ICG test (Impedance cardiography): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.brighamandwomans.org/gms/medical/preopprotocols.aspx).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neath, S. et al. Utility of impedence cardiography to improve physician estimation of hemodynamic parameters in the emergency department. CHF: 2005; 11(1): 17-20.

Decision rationale: Impedence cardiography (ICG) provides noninvasive measurement of cardiac output and other hemodynamic parameters including stroke volume and systemic vascular resistance. The MTUS and ODG are silent with regards to this testing. This injured worker has a history of hypertension, arrhythmia, left ventricular hypertrophy and left atrial enlargement on echocardiogram, but there were no recent cardiac signs or symptoms discussed. Recent examination of the heart, lungs, and extremities was unremarkable. The treating physician has not discussed the reason for the ICG test. Tests should not be performed without specific indication. Due to lack of specific indication, the request for ICG

test (Impedance cardiography) is not medically necessary.

2D Echo (Two-Dimensional Echocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.brighamandwomans.org/gms/medical/preopprotocols.aspx).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of the patient with heart failure. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: In patients with symptoms and signs of heart failure, echocardiography is helpful for determining whether ventricular function and hemodynamics are consistent with heart failure and in identifying a cause. Echocardiogram provides assessment of atrial and ventricular sizes, left and right ventricular systolic function, diastolic left ventricular function, regional wall motion abnormalities (used in assessment of coronary artery disease), pericardial disease, valvular heart disease, and non-invasive assessment of hemodynamic status. This injured worker has a history of hypertension, arrhythmia, left ventricular hypertrophy and left atrial enlargement on prior echocardiogram, but there were no recent cardiac signs or symptoms discussed. Recent examination of the heart, lungs, and extremities was unremarkable. The date of the prior echocardiogram was not specified. The treating physician has not discussed a reason for the request for echocardiogram. Tests should not be performed without specific indication. Due to lack of specific indication, the request for 2D Echo (Two-Dimensional Echocardiogram) is not medically necessary.

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.brighamandwomans.org/gms/medical/preopprotocols.aspx).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for asymptomatic carotid stenosis. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The low prevalence of asymptomatic carotid stenosis, low annual risk for stroke in patients with asymptomatic carotid stenosis, and the variability of surgical outcomes dependent upon surgeon and center are factors influencing recommendations for population screening for carotid stenosis. Screening asymptomatic individuals for carotid artery stenosis is not recommended. The US Preventive Services Task Force (USPSTF) and the American Heart Association/American Stroke Association recommends against screening for asymptomatic carotid artery stenosis in the general population. Patients with carotid stenosis are considered to be symptomatic if they have recent (within 6 months) transient or permanent focal neurologic symptoms related to the affected artery (ipsilateral amaurosis fugax, contralateral weakness or numbness of an extremity or face, dysarthria, or aphasia). Patients with nonspecific neurologic symptoms such as dizziness, syncope, or near syncope are not considered in the definition of symptomatic carotid stenosis. This injured worker has a history of hypertension and hyperlipidemia; however, there was no documentation of any signs or symptoms of carotid stenosis/carotid artery disease. There was no discussion of any neurologic symptoms related to

the carotid arteries. The treating physician has not provided a reason for the request for carotid ultrasound. Tests should not be performed without specific indication. Due to lack of specific indication, the request for carotid ultrasound is not medically necessary.

Venous vascular study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.brighamandwomans.org/gms/medical/preopprotocols.aspx).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter: venous thrombosis and Other Medical Treatment Guidelines UpToDate: diagnostic evaluation of chronic venous insufficiency. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Duplex ultrasound has essentially replaced venography for the evaluation of most venous disorders. Pulsed or color Doppler identifies vessels and the presence and direction of blood flow, and is used to detect venous reflux or venous obstruction (such as deep venous thrombosis) and identify its anatomic location. Duplex ultrasound is sensitive and specific for detection of venous obstruction. The ODG states that patients with suspected deep vein thrombosis (DVT) of the lower extremities are usually investigated with ultrasonography either by the proximal veins (2-point ultrasonography) or the entire deep vein system (whole-leg ultrasonography). This injured worker has a history of left lower extremity deep vein thrombosis. There was no documentation of recent signs or symptoms to suggest venous insufficiency or recurrent deep vein thrombosis. Recent examination of the extremities was unremarkable. The treating physician has not provided the reason for the request for venous vascular study. Tests should not be performed without specific indication. Due to lack of specific indication, the request for venous vascular study is not medically necessary.