

Case Number:	CM14-0121222		
Date Assigned:	09/16/2014	Date of Injury:	01/01/2008
Decision Date:	10/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 53-year-old male who has submitted a claim for status post lumbar discectomy, lumbar disc disease, lumbar facet syndrome, bilateral knee sprain/strain, anxiety, depression, GERD, and psoriasis associated with an industrial injury date of 01/01/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the lower extremities, rated 10/10 in severity, and relieved to 3/10 upon intake of medications. Patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. Patient likewise denied history of COPD, asthma, shortness of breath, or cough. Patient denied history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. Anthropometric examination showed a weight of 238 pounds, height of 5 feet 10 inches and derived body mass index of 34.1 kg/m². Physical examination of the lumbar spine showed tenderness and restricted motion. Sacroiliac tenderness test, Patrick's test, sacroiliac thrust test, and Yeoman's test were positive at the left. Motor strength, reflexes, and sensory exams were intact. Progress report from 3/3/2014 stated that patient had gastroesophageal reflux disease and psoriasis. Treatment to date has included lumbar medial branch block, T12 to L1 discectomy, psychotherapy, and medications such as Motrin, Norco, Trazodone, and topical creams. Utilization review from 7/15/2014 denied the request for abdominal ultrasound because of lack of scientific evidence to support its use for the diagnosis of an ulcer; denied fasting labs (GI, Htn, and uric acid) because of lack of guidelines to support its testing in the management of hypertension; denied electrocardiogram because the physical examination showed a normal cardiac exam; denied 2-D echo with Doppler because there was no evidence of heart failure; denied stress echo because of no evidence of chest pain and no high probability for coronary artery disease; denied Carotid ultrasound because it was not recommended as a screening tool to prevent carotid artery stenosis; denied Cardio-respiratory

testing because of normal cardiovascular and pulmonary examination; and denied Probiotics #60 because there were no signs and symptoms suggestive of irritable bowel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound: 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 Other Medical Treatment Guideline or Medical Evidence: ACR-SPR-SRU Practice Guideline for Performing and Interpreting Diagnostic Ultrasound Examinations

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the ACR-SPR-SRU Practice Guideline was used instead. It states that there should be documentation regarding signs, symptoms, and relevant history (including known diagnoses) that will satisfy the medical necessity of the procedure. In this case, progress report from 3/3/2014 stated that patient had gastroesophageal reflux disease. The most recent progress report showed that patient denied history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. The medical records submitted and reviewed did not indicate any gastrointestinal complaints or abdominal physical examination findings compelling the need for ultrasound. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for abdominal ultrasound was not medically necessary.

Fasting lab: GI profile: 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, progress report from 3/3/2014 stated that patient had gastroesophageal reflux

disease. The most recent progress report showed that patient denied history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. The medical records submitted and reviewed did not indicate any gastrointestinal complaints or abnormal abdominal examination findings compelling the need for laboratory testing. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for fasting lab: GI profile was not medically necessary.

Fasting lab: HTN profile: 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. The medical records submitted and reviewed did not indicate any cardiovascular complaints or abnormal examination findings compelling the need for laboratory testing. There was no data on blood pressure. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for fasting lab: Htn profile was not medically necessary.

Fasting lab: Uric Acid: 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 Other Medical Treatment Guideline or Medical Evidence: American Association for Clinical Chemistry (AACC) <http://labtestsonline.org/understanding/analytes/uric-acid/tab/test>

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. It states that uric acid blood test is used to diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Rapid cell turnover from such treatment can result in an increased uric acid level. In this case, there is no documented indication for this test. There are no data pertaining to possibility of hyperuricemia that may support this request. The medical necessity has not been established due to lack of information. Therefore, the request for fasting lab: uric acid is not medically necessary.

Electrocardiogram (EKG): 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), Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th ed., Chapter 228 Electrocardiography

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Harrison's Principles of Internal Medicine was used instead. It states that electrocardiogram (ECG) is used in detecting arrhythmia, conduction abnormalities, myocardial ischemia, metabolic disturbances or increased susceptibility to sudden cardiac death (QT prolongation syndrome). In this case, patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. The medical records submitted and reviewed did not indicate any cardiovascular complaints or abnormal examination findings compelling the need for ECG. There was no data on blood pressure. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for electrocardiogram was not medically necessary.

2D Echo with doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yancy CW, Jessup M, Bozkurt B, Butler J, Casey DE Jr, Drazner MH, Fonarow GC, Geraci SA, Hoewich T, Januzzi JL, Johnson MR, Kasper EK, Levy WC, Masoudi FA, McBride PE, McMurray JJ, Mitchell JE, Peterson PN, Riegel B, Sam F, Stevenson LW, Tang WH, Tsai EJ, Wilkoff BL. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American heart Association Task Force on practice Guidelines. J Am Coll Cardiol. 2013 Oct 15;62(16):e147-239. [924 references] P

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Echocardiography, Aetna Clinical Policy Bulletin

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Aetna Clinical Policy Bulletin was used instead. It states that

two-dimensional echocardiography provides information about the cardiac chamber size, wall thickness, global and regional systolic function, and valvular and vascular structures. In this case, patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. The medical records submitted and reviewed did not indicate any cardiovascular complaints or abnormal examination findings compelling the need for 2D Echo. There was no data on blood pressure. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for 2D Echo with Doppler was 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 Woodward PK, White RD, Abbara S, Araoz PA, Cury RC, Dorbala S, Earls JP, Hoffman U, HSU JY, Jacobs JE, Javidan-Nejad C, Krishnamurthy R, Mammen L, martin ET, Ryan T, Shah AB, Steiner RM, Vogel-Claussen J, White CS, Expert Panel on Cardiac Imaging, ACR Appropriateness Criteria chronic chest pain-low to intermediate probability of coronary artery disease. [online publication]. Reston (VA): American College of radiology (ACR); 2012. 6 p. [37 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Echocardiography, Aetna Clinical Policy Bulletin

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Aetna Clinical Policy Bulletin was used instead. It states that most commonly, a treadmill or exercise bicycle is used for stress echocardiography to detect myocardial ischemia and viability. In this case, patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. The medical records submitted and reviewed did not indicate any cardiovascular complaints or abnormal examination findings compelling the need for Stress Echo. There was no data on blood pressure. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for Stress Echo was 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 Wilkinson J, Bass C, Diem S, Gravley A, Harvey L, Maclosek M, McKeon K, Milteer I, Owens J, Rothe P, Snellman L, Solberg L, Vincent P. Preventive services for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Sep. 107 p. [183 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Guideline on the Management of Patients with Extracranial Carotid and Vertebral Artery Disease, American College of Cardiology Foundation

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the American College of Cardiology Foundation was used instead. It states that in asymptomatic patients with known or suspected carotid stenosis (i.e., with carotid bruit), duplex ultrasonography is recommended as the initial test to detect hemodynamically significant carotid stenosis. In this case, patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. The medical records submitted and reviewed did not indicate any cardiovascular complaints or abnormal examination findings compelling the need for carotid ultrasound. There was no data on blood pressure. There was no documented medical reasoning for this request. The guideline criteria were not met. Therefore, the request for carotid ultrasound was not medically necessary.

Cardio-respiratory 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 Fitness for Duty, Medical Examination and Evaluation Protocols

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control, *Kardiologia Polska* 2010; 68, 8: 951-957 (<http://www.ncbi.nlm.nih.gov/pubmed/20730734>)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the article entitled Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control was used instead. It states that derangements within autonomic nervous system take part in the natural history of cardiovascular disease. Current paper presents three categories of methods measuring autonomic status: direct methods (e.g. laboratory tests measuring circulating catecholamine levels), indirect methods applied at rest (e.g. analysis of heart rate variability, sequence methods of arterial baroreflex sensitivity assessment) and indirect methods, associated with the exposure to physiological stimuli (e.g. central and peripheral chemoreceptor sensitivity assessment, invasive methods of arterial baroreflex sensitivity assessment). This review provides an insight into the physiology of reflex regulatory mechanisms within cardiorespiratory system, including their complex and unstable nature. In this case, patient is a non-smoker. Review of systems showed that patient denied history of arrhythmia, myocardial infarction, chest pain, or palpitations. Patient likewise denied history of COPD, asthma, shortness of breath, or cough. The medical records submitted and reviewed did not indicate any cardiovascular / respiratory complaints or abnormal examination findings compelling the need for cardiorespiratory testing. There was no data on blood pressure. There was no documented medical reasoning for this request. The

guideline criteria were not met. Therefore, the request for cardiorespiratory testing was not medically necessary.

Probiotics #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO). World Gastroenterology Organization Global Guideline: irritable bowel syndrome: a global perspective. Munich (Germany): World Gastroenterology Organization (WGO); 2009 Apr 20. 20 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Center for Complementary and Alternative Medicine (<http://nccam.nih.gov/health/probiotics/introduction.htm>)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the National Institutes of Health Guideline was used instead. It states that probiotics are live microorganisms (e.g., bacteria) that are either the same as or similar to microorganisms found naturally in the human body and may be beneficial to health. The U.S. Food and Drug Administration (FDA) have not approved any health claims for probiotics. In this case, patient had a history of GERD. However, the most recent progress report showed that patient denied history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. Medical records submitted and reviewed did not provide a documented indication for probiotics despite no support of its therapeutic claims. Therefore, the request for probiotics, #60 was not medically necessary.