

Case Number:	CM14-0134180		
Date Assigned:	08/25/2014	Date of Injury:	01/17/2014
Decision Date:	12/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 51 year-old female with a date of injury of January 17, 2014. The patient's industrially related diagnoses include dental pain, cervical spine myofascial pain syndrome, gastritis, headache, insomnia, irritable bowel syndrome, and fibromyalgia. The injured worker had an endoscopy/colonoscopy on 1/2014. The disputed issues are ECG, urine dipstick, venipuncture: glucose-reagent strip, CBC/SMA-19/SED rate, H. pylori, thyroid panel, neurology referral, chiropractor referral, gastroenterology referral, and dentist referral. A utilization review determination on 7/25/2014 had non-certified these requests. The stated rationale for the denial of a neurological referral was: "There was no indication a neurological consultation for managing a tension type headache, particularly in the context of the patient's underlying morbidity of chronic pain and psychological symptoms, is medically necessary." The gastroenterology referral was denied because there were no symptoms or signs of "red flags" with respect to dyspepsia such as weight loss, dysphagia or fever. The request for dental referral was non-certified because the injured worker was not complaining of any dental symptoms, and she was previously diagnosed with TMJ. The stated rationale for the denial of chiropractor referral was: "She has had extensive previous therapy without improvement documented." Lastly, the stated rationale for the denial of ECG, urine dipstick, venipuncture: glucose-reagent strip, CBC/SMA-19/SED rate, H. pylori, and thyroid panel was: "It is unclear what prior medical testing the patient had undergone. An attempt to obtain these records is more appropriate."

IMR ISSUES, DECISIONS AND RATIONALES

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

ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, the website: <http://www.aafp.org/afp/2000/0201/p884.html>

Decision rationale: In regard to the request for ECG, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. The AAFP supports ambulatory ECG for various indications including for the evaluation of symptoms of cardiac arrhythmias; for risk assessment in patients who have sustained a myocardial infarction, have congestive heart failure (CHF), or have hypertrophic cardiomyopathy; for the evaluation of antiarrhythmic therapy, or pacemaker, or implantable cardioverter-defibrillator function; and for the evaluation of possible myocardial ischemia. In the submitted documentation available for review, there was no documentation of history of hypertension or symptoms of chest pain. The treating physician did not provide the rationale for the electrocardiogram given the absence of any current symptoms/findings suggestive of the need for cardiac evaluation. In light of the above issues, the currently requested ECG is not medically necessary.

Urine dipstick, venipuncture: glucose-reagent strip: 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, the website: <http://labtestsonline.org/understanding/analytes/glucose/tab/test/>

Decision rationale: In regard to the request for urine dipstick, venipuncture: glucose-reagent strip, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. A blood glucose test may be used to screen for both high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia), to help diagnose diabetes, and to monitor glucose levels in persons with diabetes. Any condition that raises blood glucose such as diabetes or the other conditions listed above also has the potential to elevate the concentration of glucose in the urine. In the submitted documentation available for review, there was no indication that the injured worker has a history of diabetes. There was no documentation of complaints consistent with symptoms of diabetes and the physical examination was documented as within normal limits. Furthermore, the treating physician did not provide a rationale for the need for such testing given the absence of any current symptoms/findings suggestive of diabetes or other medical conditions

for which the tests would be warranted. In light of these issues, the currently requested urine dipstick, venipuncture: glucose-reagent strip are not medically necessary.

Labs: CBC/SMA-19/SED rate, H. pylori, thyroid panel: 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 Non-MTUS Other Medical Treatment Guideline or Medical Evidence, the website labtestsonline.org Complete Blood Count
<http://labtestsonline.org/understanding/analytes/cbc/tab/test>
<http://labtestsonline.org/understanding/analytes/thyroid-panel/tab/glance>
<http://labtestsonline.org/understanding/analytes/h-pylori/tab/glance>
<http://labtestsonline.org/understanding/analytes/cmp/tab/glance>.

Decision rationale: In regard to the request for CBC, SMA-19, SED rate, H. pylori, and thyroid panel, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. Within the documentation available for review, there was no documentation identifying the medical necessity of these tests. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. None of these conditions or another condition for which this test would be appropriate is documented. The subjective complaints noted were epigastric pain, lower abdominal pain, constipation, diarrhea, headaches, jaw pain, and insomnia. However, the physical examination was documented to be within normal limits. The treating physician stated that serology was ordered for H. pylori. However, the treating physician did not provide the rationale for the requested CBC, SMA-19, SED rate, and thyroid panel. In light of the above issues, the currently requested CBC, SMA-19, SED rate, H. pylori, and thyroid panel are not medically necessary.

Neurology referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: In regard to the request for referral to a neurologist for evaluation of headaches, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the submitted documentation available for review, the injured worker indicated that she had headaches. However, there was no

documentation of the nature of the headaches, no positive findings in the physical examination, and no documentation of any work-up or failed conservative therapeutic approaches. There was no further documentation regarding the headaches, and the treating physician did not provide a rationale consistent with the guidelines to support the request for specialty consultation with a neurologist. In light of the above issues, the currently requested referral to a neurologist is not medically necessary.

Chiropractor referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: In regard to the request for chiropractic referral, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement can further sessions be supported. In the case of this injured worker, the utilization review report and medical records indicate that previous chiropractic therapy has been prescribed for this injured worker. This is indicated in a note on date of service 5/1/2014 that the injured worker was prescribed chiropractic therapy for a total of 12 sessions. However, there is no documentation if the injured worker completed chiropractic therapy, and the functional benefit of this previous chiropractic manipulation was not documented. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documentation regarding the details of previous chiropractic treatment, the currently requested chiropractic referral is not medically necessary.

Gastroenterology referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: In regard to the request for gastroenterology referral, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing upper and lower gastrointestinal complaints. In a progress report dated 5/1/2014, there was further documentation of abdominal pain accompanied by rectal bleeding. The injured worker was treated by a gastrointestinal specialist previously who ordered a colonoscopy, but

there was no documentation that it was completed. Specialty consultation with a gastroenterologist may help to clarify the diagnosis and the treating physician indicated that referral was for further work-up. Therefore, based on the documentation, the currently requested gastroenterology referral is medically necessary.

Dentist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: In regard to the request for dental referral, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, utilization review indicated that the injured worker was previously evaluated for her dental symptoms and was diagnosed with TMJ. Furthermore, in the progress report dated 7/7/2014, there were no new symptoms documented besides the jaw pain and the physical examination was noted to be within normal limits. The treating physician did not indicate why the injured worker was being referred back to the dentist. In the absence of such documentation, the currently request dental referral is not medically necessary.