

<b>Case Number:</b>	CM14-0089705		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Occupational 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 59-year-old female who has submitted a claim for asthma, diabetes mellitus, hyperlipidemia, back pain, cervical spine radiculopathy, right shoulder rotator cuff syndrome status post repair, left knee internal derangement, and right elbow lateral epicondylitis associated with an industrial injury date of 7/13/2009. Most of the recent progress reports were handwritten and somewhat illegible. Medical records from 2012 to 2014 were reviewed. Patient complained of chronic low back pain and treatment plan included lumbar spine decompression, based on a progress report from February 2014. She likewise experienced neck pain. Patient denied chest pain, shortness of breath, nausea, vomiting, constipation, and diarrhea. Vital signs showed blood pressure of 127/80 mmHg, pulse rate of 101 beats/min, and respiratory rate of 20 cycles/min. Neck was supple and negative for thyromegaly. There was no jugular venous distention. Cardiac exam showed regular rate and rhythm, normal S1/S2, no murmur, and no gallops. Neurologic exam showed intact motor, reflex, and sensory testing. Blood exam from 5/13/2014 showed elevated erythrocyte sedimentation rate at 23 mm/hr and normal complete blood count. Blood glucose was elevated at 273 mg/dl. ALT (41 U/L), AST (37 U/L), and alkaline phosphatase (153 U/L) were also elevated. Total cholesterol was measured at 237 mg/dL, triglycerides of 481 mg/dl, HDL of 36 mg/dl, and HBA1c of 11.8%. Abnormal blood results resulted to postponement of surgical intervention. Treatment to date has included right shoulder surgery on April 2013, insulin, metformin, Neurontin, Fioricet, Prilosec, Norco, Ambien, Buspar, Wellbutrin, and Glipizide. Utilization review from 5/27/2014 denied the request for an electrocardiogram because patient had a recent surgery were there was no need for a repeat ECG; denied urinalysis because there was no clear indication for this test; denied glucose strips because it was not stated if type 2 diabetes was controlled by diet and medications; denied venipuncture and multiple laboratories such as CBC, SMA -19 panel, sedimentation rate,

diabetic panel, and thyroid panel because there were no findings or clinical suspicion for thyroid disease and other medical conditions to warrant such testing; and denied electrodiagnostic testing because there was no physical examination to support their request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com): Criteria for Preoperative Echocardiogram (EKG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, 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 not known hypertensive. Patient denied chest pain and shortness of breath. Vital signs showed blood pressure of 127/80 mmHg, and pulse rate of 101 beats/min. Cardiac exam showed regular rate and rhythm, normal S1/S2, no murmur, and no gallops. ECG was requested as pre-operative clearance to lumbar spine decompression. However, subsequent progress report cited postponement of surgical intervention. There is no clear indication for certifying ECG at this time. Therefore, the request for electrocardiogram is not medically necessary.

**Urinalysis,By Dip Stick:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetic Nephropathy, American Diabetes Association

**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 American Diabetes Association was used instead. It states that urine glucose is one of the substances tested when a urinalysis is performed. If assays for microalbuminuria are not readily available, screening with dipsticks for microalbumin may be carried out to determine presence of incipient nephropathy. In this case, patient is a known diabetic with the following maintenance medications: insulin, metformin, and Glipizide. The

medical necessity for urine testing has been established to monitor for presence of diabetic nephropathy. Therefore, the request for urinalysis, by dip stick is medically necessary.

**Collection Of Venous Blood By Venipuncture.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

**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, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Complete blood count is indicated in patients with risk of anemia or in whom significant blood loss is anticipated. In this case, patient is for lumbar spine decompression surgery. However, a recent blood exam from 5/13/2014 showed normal complete blood count. There is no clear indication for a repeat blood testing at this time. Moreover, the present request as submitted failed to specify laboratory tests to be included. The request is incomplete; therefore, the request for Collection of venous blood by venipuncture is not medically necessary.

**Glucose; Blood, Reagent Strip.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Chemistry, Fasting laboratory tests (<http://labtestsonline.org/understanding/analytes/lab/test/>)

**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 American Association of Clinical Chemistry was used instead. It states that blood glucose is used to diagnose diabetes mellitus, and to monitor glucose control in patients with diabetes mellitus. In this case, patient is a known diabetic with insulin, metformin, and Glipizide as maintenance medications. The medical necessity for the requested laboratory exam has been established to monitor blood glucose control. Therefore, the request for Glucose; blood, reagent strip is medically necessary.

**Complete Blood Count.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

**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, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Complete blood count is indicated in patients with risk of anemia or in whom significant blood loss is anticipated. In this case, patient is for lumbar spine decompression surgery. However, a recent blood exam from 5/13/2014 showed normal complete blood count. There is no clear indication for a repeat blood testing at this time. There is likewise a report concerning postponement of surgical intervention. Therefore, the request for complete blood count is not medically necessary.

**Chemistry Panel (SMA 19): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Chemistry, Fasting laboratory tests (<http://labtestsonline.org/understanding/analytes/lab/test/>)

**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 American Association of Clinical Chemistry was used instead. It states that SMA stands for Sequential Multiple Analysis for a comprehensive metabolic panel testing. SMA-19 is a test for cholesterol and triglycerides. In this case, patient is a known hyperlipidemic. Blood exam from 5/13/2014 showed total cholesterol of 237 mg/dl, triglycerides of 481 mg/dl, and HDL of 36 mg/dl. However, there has been no management response concerning hyperlipidemia. There was no prescription of medications to date. The medical necessity for repeat testing was not established. Therefore, the request for Chemistry Panel (SMA 19) is not medically necessary.

**Sed Rate: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>)

**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 Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. 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, the patient has multiple conditions such as diabetes, hyperlipidemia, and chronic pain syndrome. Current medications include insulin, metformin, Glipizide, Neurontin, Fioricet, Prilosec, Norco, Ambien, Buspar, Wellbutrin, and Glipizide. Blood exam from 5/13/2014 showed elevated erythrocyte sedimentation rate at 23 mm/hr; however, there was no management response concerning this issue. The medical necessity for repeat testing was not established. There was no rheumatologic disease to warrant this request. Therefore, the request for Sed Rate was not medically necessary.

**Diabetic Panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Chemistry, Fasting laboratory tests (<http://labtestsonline.org/understanding/analytes/lab/test/>)

**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 American Association of Clinical Chemistry was used instead. It states that blood glucose is used to diagnose diabetes mellitus, and to monitor glucose control in patients with diabetes mellitus. In this case, patient is a known diabetic with insulin, metformin, and Glipizide as maintenance medications. The medical necessity for the requested laboratory exam has been established to monitor blood glucose control. Therefore, the request for diabetic panel is medically necessary.

**Thyroid Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com). Criteria for Pre Operative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, *Journal of General Internal Medicine* 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>)

**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 *Journal of General Internal Medicine* 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. 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, there is no clear indication for thyroid panel testing. Physical examination showed that neck was supple and negative for thyromegaly. Patient is not suspected for any thyroid disorder to warrant such testing. The medical necessity cannot be established due to insufficient information. Therefore, the request for thyroid panel is not medically necessary.

#### **Nerve Conduction Velocity (NCV) Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies and Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, *Acta Neurol Belg* 2006 Jun; 106 (2): 73-81

**Decision rationale:** CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the most recent progress reports failed to document

quality of neck pain. There was no mention concerning pain radiation, numbness, or paresthesia. There is incomplete history-taking pertaining to symptoms of the neck and left arm; hence, diagnostic testing cannot be established at this time. Therefore, the request for Nerve conduction velocity (NCV) Left Upper Extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies and Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the most recent progress reports failed to document quality of neck pain. There was no mention concerning pain radiation, numbness, or paresthesia. There is incomplete history-taking pertaining to symptoms of the neck and right arm; hence, diagnostic testing cannot be established at this time. Therefore, the request for Nerve Conduction Velocity (NCV) right Upper Extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) Left Lower Extremity: 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), Low Back chapter, Nerve conduction studies (NCS) and Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there

is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the most recent progress reports failed to document quality of back pain. There was no mention concerning pain radiation, numbness, or paresthesia. There is incomplete history-taking pertaining to symptoms of the back and left leg; hence, diagnostic testing cannot be established at this time. Therefore, the request for Nerve Conduction Velocity (NCV) Left Lower Extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) Right Lower Extremity: 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), Low Back chapter, Nerve conduction studies (NCS) and Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the most recent progress reports failed to document quality of back pain. There was no mention concerning pain radiation, numbness, or paresthesia. There is incomplete history-taking pertaining to symptoms of the back and right leg; hence, diagnostic testing cannot be established at this time. Therefore, the request for Nerve Conduction Velocity (NCV) Right Lower Extremity is not medically necessary.

**Follow Up Visit: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations. pages 113-116

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

**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, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient is a known diabetic and hyperlipidemic. Patient also has multiple pain disorders involving the neck and back. The most recent treatment plan showed refill of the following maintenance medications: insulin, Metformin, Glipizide, Neurontin, Fioricet, Prilosec, Norco, Ambien, Buspar, and Wellbutrin. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Moreover, laboratory tests, i.e., urinalysis and diabetic panel, have been certified in this review. The medical necessity for an appointment has been established for further management. Therefore, the request for follow-up visit is medically necessary.