

Case Number:	CM14-0055077		
Date Assigned:	08/08/2014	Date of Injury:	10/01/2005
Decision Date:	03/12/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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. 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: California, Indiana, New York
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:

This is a 62 year old female who suffered a work related injury on 10/01/2005. Diagnoses include dizziness, emotional stressors, insomnia and irritable bowel syndrome. Requests for Authorization documents were present for this review. The Utilization Review dated 04/16/2014 notes an initial assessment report dated 03/11/2014 documents the injured worker has chest pain, sleep disorder, fatigue, hypertension, industrial stress and palpitations. The request is for Cardio Treadmill, Pulmonary Treadmill, lung volume, Plethysmography, kidney ultrasound, Blood Pressure monitor, and Echocardiogram, with Date of Service of 03/11/2013. Utilization Review dated 04/16/2014 non-certifies the request for cardio and pulmonary treadmill with Date of Service 03/11/2014. The injured worker has no documentation of current electrocardiogram results for baseline data and documentation does not clearly reflect a plan of care. Lung volume is non-certified citing Official Disability Guidelines, Treatment in Worker's Compensation. Plethysmography with Date of Service 03/11/2014 is non-certified. Plethysmography is used to diagnose deep vein thrombosis and arterial occlusive disease. It is used as the sole diagnostic modality for these conditions or as an initial evaluation to determine the need for venography of arteriography. In this case the provider does not outline a clear rationale for the Plethysmography request. The request is considered investigational. Without a clear expectation of benefit, the testing is not indicated. The blood pressure monitor is non-certified, citing [REDACTED] of [REDACTED]. The injured worker has hypertension. It is not clear how the requested blood pressure monitor will restore or facilitate participation in the injured worker's usual instrumental activities of daily living. Guidelines note that the requested

DME is not primarily for the convenience of the patient and physician. Echocardiogram is non-certified. Echocardiography is the ideal first test for assessment of global and regional left ventricular function and is therefore the preferred first-line test for injured workers with symptoms or signs consistent with left ventricular dysfunction. In this case, the injured worker has hypertension. Considering that the injured worker has no previous electrocardiogram results for baseline data and there is no exacerbation of cardio deficit or new complaints noted the Echocardiogram is not recommended. The request for kidney ultrasound with a Date of Service 03/11/2014 is non-certified. Renal and bladder ultrasound should be performed to assess the status of the urinary tract, including size, shape and echogenicity of the kidneys; presence of hydronephrosis and /or hydronephrosis, presence of renal or bladder stones: change in hydronephrosis during and after voiding; and completeness of the void. In this case, without subjective complaints and objective findings or genitourinary deficit, non-certification of kidney ultrasound is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio Treadmill Retro 03/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A textbook of Cardiovascular Medicine, 7th edition Chapter 10- Exercise Stress Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Assessment Page(s): 5-6, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1827089-overview>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, cardio treadmill retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Exercise testing is a cardiovascular stress test that uses treadmill bicycle exercise with electrocardiography and blood pressure monitoring. For additional details see the attached link. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or documentation of an indication or clinical rationale for the cardio treadmill. Consequently, absent clinical documentation, cardio treadmill retrospective March 11, 2014 is not medically necessary.

Pulmonary treadmill Retro 03/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A textbook of Cardiovascular Medicine, 7th edition Chapter 10- Exercise Stress Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6, Postsurgical Treatment Guidelines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, pulmonary treadmill retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Exercise stress testing is a helpful risk stratification tool and is useful in assessing the efficacy of anti-ischemic drug therapy and/or coronary revascularization. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or documentation of an indication or clinical rationale for the pulmonary treadmill. Consequently, the pulmonary treadmill test March 11, 2014 is not medically necessary.

Lung Volume Retro 03/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6, Postsurgical Treatment Guidelines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, lung volumes retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Spirometry is used to establish baseline lung function, evaluate

dyspnea, detect pulmonary disease, monitor effects of therapies used to treat respiratory diseases, etc. see the attached link for details. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or documentation of an indication or clinical rationale for the lung volumes. Consequently lung volumes retrospective March 11, 2014 is not medically necessary.

Plethysmography Retro 03/11/14: Upheld

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

<http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicy.php?&noprnt=yes&path=%2Fpolicy%2Ffemed%2FPlethysmography.html>

[ViewPolicy.php?&noprnt=yes&path=%2Fpolicy%2Ffemed%2FPlethysmography.html](http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicy.php?&noprnt=yes&path=%2Fpolicy%2Ffemed%2FPlethysmography.html)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment. Decision based on Non-MTUS Citation

<http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicy.php?&noprnt=yes&path=%2Fpolicy%2Ffemed%2FPlethysmography.html>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, plethysmography retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Plethysmography is a noninvasive technique for measuring blood flow to an organ, body region or limb. See the attached link for details. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or documentation of an indication or clinical rationale for the plethysmography. Consequently, plethysmography retrospective March 11, 2014 is not medically necessary.

BP Monitor Retro 03/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation <http://www.uwomj.com/wp-content/uploads/2013/06/v77n1.5-8.pdf>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, blood pressure monitoring retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or documentation of an indication or clinical rationale for the blood pressure monitoring. Consequently, blood pressure monitoring retrospective March 11, 2014 is not medically necessary.

Echocardiogram Retro 03/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A textbook of Cardiovascular Medicine, 7th edition page 261

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1820912-overview>

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, echocardiogram retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or

documentation of an indication or clinical rationale for the echocardiogram. Consequently, echocardiogram retrospective March 11, 2014 is not medically necessary.

Kidney Ultrasound Retro 03/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wein: Campbell-Walsh Urology, 10th.ed. Chapter 4 Renal Ultrasound: last updated 01/01/2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, kidney ultrasound retrospective March 11, 2014 is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Doppler ultrasound may be useful to differentiate vascular from nonvascular structures in any location. For additional details see the attached link for indications. In this case, the injured worker was being sent for the aforementioned test for complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurred vision, fatigue, insomnia and stress. There are no diagnoses in the medical record. There were no progress notes or physician reports from the medical record. The information was garnered from the utilization review. The date of injury is October 1, 2005 and the injured worker 62 years old. There is no clinical indication or documentation of an indication or clinical rationale for the kidney ultrasound. Consequently, kidney ultrasound retrospective March 11, 2014 is not medically necessary.