

<b>Case Number:</b>	CM14-0055825		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 49-year-old gentleman with a date of injury of 07/21/2013. A treating physician note dated 03/12/2014 identified the mechanism of injury as lifting a heavy weight when the worker felt lower back pain. This note and a treating physician note dated 03/05/2014 indicated the worker was experiencing neck and lower back pain that went into the limbs and associated limb numbness and tingling, decrease sleep, ringing in the ears, diarrhea with constipation and rectal bleeding, and depressed and anxious mood. Documented examinations described decreased motion in the lower and upper back joints, tenderness in the lower and upper back, positive Spurling's testing, positive cervical compression testing, mildly decreased strength in the legs, decreased sensation following the C7-8 and L4-S1 spinal nerves, and positive testing involving raising a straightened leg; there was no abdominal tenderness and bowel sounds were present. The submitted and reviewed documentation concluded the worker was suffering from lumbar strain, multilevel lumbar disk protrusions with radicular pain in both legs, acute cervical sprain, radicular pain in both arms with neurologic findings, constipation with diarrhea, bright red blood from the rectum, and a sleep disorder. Treatment recommendations included oral pain medication. A Utilization Review decision was rendered on 04/17/2014 recommending non-certification for an electrocardiogram (EKG), unspecified laboratory tests, a referral for gastroenterology consultation for rectal bleeding, and an abdominal ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG:** 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 What is an electrocardiogram? National Heart, Lung, and Blood Institute, Department of Health and Human Services. Website accessed 02/07/2015. <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg/>.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Electrocardiograms (ECG or EKG) look at the flow of electricity through the heart and create a tracing or image that reflects this flow. The flow of electricity through the heart is related to its rhythm and rate. An ECG is often done to evaluate chest pain; high blood pressure; signs or symptoms of an abnormal heart rate or rhythm; or a concern that the flow of electricity through the heart may be abnormal, such as can occur with certain medications. The submitted and reviewed documentation did not indicate the worker was experiencing any signs or symptoms suggesting any of these issues were a concern. In the absence of such evidence, the current request for an electrocardiogram (EKG) is not medically necessary.

**Labs:** 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 Zehnder JF, et al. Clinical use of coagulation tests. Topic 1368, version 27.0. UpToDate, accessed 11/26/2014. Urinalysis. MedLine Plus Medical Encyclopedia. Accessed 11/25/2014. <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>. Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 11/26/2014. Kushner I, et al. Acute phase reactants. Topic 7483, version 14.0. UpToDate, accessed 11/26/2014.

**Decision rationale:** The MTUS Guidelines generally encourage the use of laboratory testing when appropriate, such as in monitoring kidney or liver function when the prescribed medication warrants it. The submitted and reviewed documentation indicated the worker was experiencing neck and lower back pain that went into the limbs and associated limb numbness and tingling, decrease sleep, ringing in the ears, diarrhea with constipation and rectal bleeding, and depressed and anxious mood. The specific laboratory tests requested were not identified, and the MTUS Guidelines and available literature therefore cannot be applied. For these reasons, the current request for unspecified laboratory tests is not medically necessary.

**Referral for GI consultationi secondary to bright red blood per rectum:** 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 Strate L, et al. Approach to acute lower gastrointestinal bleeding in adults. Topic 2547, version 26.0. UpToDate, accessed 02/07/2015.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Rectal bleeding is generally caused by tumors, a blood vessel problem, a structure problem, or inflammation. The initial work up includes a thorough assessment of the workers history and symptoms and a detailed examination. Specialist consultation may be needed depending on the initial evaluation. The submitted and reviewed records stated the worker was experiencing constipation with diarrhea and rectal bleeding, among other issues. There was no documented assessment of these symptoms, and the recorded examination was minimal. For these reasons, the current request for a referral for gastroenterology consultation for rectal bleeding is not medically necessary.

**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 Strate L, et al. Approach to acute lower gastrointestinal bleeding in adults. Topic 2547, version 26.0. UpToDate, accessed 02/07/2015. Dietrich CF, et al. Transabdominal ultrasonography of the small and large intestine. Topic 2565, version 11.0. UpToDate, accessed 02/07/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Abdominal ultrasonography is commonly used to look more closely at the liver and bile system, the bladder and kidney systems, and pelvic structures. This imaging study has important limitations in looking at the intestines. Abdominal ultrasonography should be limited to select cases with issues such as appendicitis, diverticulitis, and inflammatory bowel disease. The submitted and reviewed records stated the worker was experiencing constipation with diarrhea and rectal bleeding, among other issues. There was no documented assessment of these symptoms, and the recorded examination was minimal. There was no discussion sufficiently supporting a need for this request. In the absence of such evidence, the current request for an abdominal ultrasound is not medically necessary.