

<b>Case Number:</b>	CM15-0007191		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic neck, mid back, low back, and knee pain reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated December 18, 2014, the claims administrator failed to approve a request for an echocardiogram, a pain management consultation, and capsaicin patches. The claims administrator referenced an RFA form received on November 18, 2014 in its determination. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported multiple complaints of neck, mid back, low back, and bilateral knee pain, highly variable, 2 to 7/10. The note was handwritten, thinly developed, difficult to follow, and not entirely legible. 8 sessions of manipulative therapy, pain management consultation, urine drug testing, functional capacity testing, a rather proscriptive 25-pound lifting limitation, multiple topical compounds, and the echocardiogram at issue were endorsed. There was little-to-no narrative commentary accompanied the progress note, which comprised, in large part, of preprinted checkboxes. It was not appear, however, the applicant was working with a rather proscriptive 25 pound lifting limitation in place. The requesting provider was a family practitioner, it was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation [http://www.bsecho.org/indications-for-echocardiography/INDICATIONS FOR ECHOCARDIOGRAPHY](http://www.bsecho.org/indications-for-echocardiography/INDICATIONS_FOR_ECHOCARDIOGRAPHY) Indications for Echocardiography<sup>7</sup> Cardiomyopathy<sup>7</sup>. 2 Not Indicated. a. Minor radiographic cardiomegaly in the absence of symptoms or signs of heart failure. b. Routine repeat assessment in clinically stable patients in whom no change in management is contemplated. c. Assessment of patients with oedema, normal venous pressure and no evidence of cardiac disease.

**Decision rationale:** No, the request for an echocardiogram was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic, the MTUS Guidelines in ACOEM Chapter 9, page 208 on special studies and diagnostic treatment consideration does note that electrocardiography, possibly cardiac enzyme studies and, by implication, the echocardiogram at issue may be needed to clarify referred cardiac pain, here, however, little-to-no narrative commentary accompanied the RFA form. It was not clearly stated what was sought. It was not clearly stated what was suspected. There was no mention of the applicant's having issues with chest pain or suspected chest pain present on or around the date of the request, November 18, 2014. The British Society of Echocardiography (BSE) also notes that echocardiography is not recommended for routine assessment purposes in clinically stable applicants in whom no change in management is contemplated. Here, the attending provider did not clearly state how the proposed echocardiogram would influence or alter the treatment plan. There was no mention of what issue and/or diagnosis the echocardiogram was intended to identify. It appeared, based on the limited information submitted, the attending provider was, in fact, performing the echocardiography for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

**Pain management consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Conversely, the request for a pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was seemingly off work. A rather proscriptive 25-pound lifting limitation was imposed as of the most recent office visit. The applicant was using a variety of topical compounds. The requesting provider was a family practitioner (FP). Obtaining the added expertise of a pain management consultant was, thus, indicated on several levels here, including for potential disability management purposes and/or medication management purposes. Therefore, the request was medically necessary.

**Capsaicin patch #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28-29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

**Decision rationale:** Finally, the request for topical capsaicin patches #8 was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatment options. Here, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection and/or ongoing usage of capsaicin patches at issues. Therefore, the request was not medically necessary.