

Case Number:	CM15-0014771		
Date Assigned:	03/13/2015	Date of Injury:	10/02/2001
Decision Date:	07/02/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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:

The injured worker is a 64 year old male with an industrial injury dated 10/02/2001 resulting in an injury to the neck. Diagnoses includes cervical fusion, , cervical disc protrusion, cervical unconvertible arthrosis, cervical radiculopathy, cervicogenic headaches, neuropathic pain in the bilateral upper extremities, status post anterior cervical decompression and fusion (C4-C7), mild bilateral distal ulnar neuropathy, mild chronic cervical radiculopathy (C3-C4), mild to moderate left cervical neuroforaminal stenosis, distal left vertebral artery aneurysm, arachnoid cyst verses focal atrophy (left temporal lobe), and vertigo secondary to headaches. Diagnostic testing has included a MRI of the cervical spine (06/16/2014). Previous treatments have included conservative measures, medications, cervical injections, surgeries, and physical therapy. In a progress note dated 01/07/2015, the physician reports intermittent neck pain rated 3/10 with stiffness, intermittent right knee pain, anxiety, depression, stress, and insomnia. The objective examination revealed decreased range of motion in the cervical spine, some slightly decreased motor strength in the bilateral deltoids, decreased deep tendon reflexes and decreased sensation bilaterally. The treating physician is requesting 1 blood test (complete blood count, comprehensive metabolic panel, H-pylori & liver panel), 1 urine toxicology test, 1 ECG-echocardiogram, 1 video nystagmogram, 1 comparative sleep lab evaluation, 1 interferential stimulation unit with supplies, and 1 2 transdermal compounds which were denied by the utilization review. On 01/16/2014, Utilization Review non-certified a request for 1 blood test (complete blood count, comprehensive metabolic panel, H-pylori & liver panel), 1 urine toxicology test, 1 ECG-echocardiogram, 1 video nystagmogram (VNG), 1 comparative sleep lab evaluation, 1 interferential (IF) stimulation unit with supplies, and 1 2 transdermal compounds, noting that non-MTUS guidelines were used for laboratory testing, ACOEM was

used for ECG, MTUS and non-MTUS were used for VNG, ODG was used for sleep study, MTUS was used for the IF unit, and MTUS was used for the compound medications. On 01/26/2015, the injured worker submitted an application for IMR for review of 1 blood test (complete blood count, comprehensive metabolic panel, H-pylori & liver panel), 1 urine toxicology test, 1 ECG- echocardiogram, 1 video nystagmogram, 1 comparative sleep lab evaluation, 1 interferential stimulation unit with supplies, and 1 2 transdermal compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 blood test - CBC, comprehensive metabolic panel, CMP, H-Pylori, liver panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. As stated on page 47 of the ACOEM Practice Guidelines, "consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations." Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. According to the documentation the IW has no known medical comorbidities and thus laboratories prior to initiation of medication would not be medically necessary.

Prospective request for 1 urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

Decision rationale: According to MTUS guidelines, IW's treated with opioids may be required to sign a pain treatment agreement. Part of the agreement may include urine screening for medication and illicit substances. No pain management agreement was submitted stating urinalysis was required and there was no notation of irregular behavior suggesting abuse. This request is not medically necessary and appropriate.

Prospective request for 1 ECG - echocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation uptodate.com Overview of hypertension in adults - Additional tests.

Decision rationale: Electrocardiogram (ECG) should be done with newly diagnosed hypertension. Per ACOEM, electrocardiography, and possibly cardiac enzyme studies, may be needed to clarify apparent referred cardiac pain. Echocardiography is a more sensitive means of identifying the presence of left ventricular hypertrophy (LVH) than an ECG. It is indicated in patients with clinically evident heart failure or if left ventricular dysfunction or coronary artery disease is suspected. There is no notation in the documentation that the IW was having chest pain or symptoms of heart dysfunction that would require these tests. Therefore, the request for 1 ECG - echocardiogram is not medically necessary.

Prospective request for 1 videonystagmogram: 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 uptodate.com, Evaluation of the patient with vertigo.

Decision rationale: Videonystagmography (VNG) uses video cameras to record eye movements. These techniques record and quantify both spontaneous and induced nystagmus. Most balance disorders centers and many specialists use ENG or VNG to assess vestibular function and ocular motility. Using a battery of tests such as ocular motor screening, positional testing, head impulse testing [30], caloric testing, and rotational testing with ENG or VNG can help to discriminate between central and peripheral etiologies. In general, vestibular laboratory testing is indicated when a patient's symptoms do not respond to simple remedies such as meclizine, persist for more than one to two weeks, or are incapacitating and thus require further diagnostic information. According to the documentation the IW has headache induced vertigo. There was no notation as to the response of the vertigo to meclizine or headache medication. The request is not medically necessary.

Prospective request for 1 comparative sleep lab evaluation: 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 Official Disability Guidelines (ODG) Chronic Pain - Polysomnography.

Decision rationale: Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The medical record does not contain details of the IW's sleep complaints or notation of behavior intervention to try and alleviate the insomnia. This request is not medically necessary and appropriate.

1 interferential stimulation unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

Decision rationale: Per MTUS and ODG guidelines an Inferential Current Stimulator (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There was no documentation of the above conditions in the file. The request is not medically necessary.