

Case Number:	CM15-0018814		
Date Assigned:	02/06/2015	Date of Injury:	03/24/2014
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 62 year old female sustained a work related injury on 03/24/2014. According to a progress report dated 09/09/2014, the injured worker reported improved chest pain, shortness of breath and vertigo and no change in hypertension. Physical exam revealed blood pressure 134/79, heart rate 72, lungs clear, regular heart rate and rhythm, no clubbing, cyanosis or edema of the extremities. Diagnoses included hypertension rule out industrial causation versus aggravation (uncontrolled), chest pain rule out cardiac versus gastrointestinal versus anxiety, shortness of breath rule out cardia versus pulmonary versus anxiety, vertigo and sleep disorder stable (deferred to appropriate specialist). According to the provider, the injured worker received Lisinopril and Atenolol through another provider. An EKG, ICG, 2 dimensional echo with Doppler and stress echo were scheduled for 11/19/2014. Cardio-respiratory testing was ordered and would be performed at the next office visit. On 01/27/2015, Utilization Review non-certified Labs (CBC, CMP, Microalbumin, Lipid Panel and TSH) and modified EKG, ICG, stress echo, cardio respiratory test. According to the Utilization Review physician, there was no medical necessity established for repeating normal labs within a year. Cholesterol was elevated but there was no evidence that elevated cholesterol was addressed by the secondary treating physician. ICG and cardiorespiratory test is not necessary for evaluating hypertension. The injured worker had a normal cardiac exam and normal echo. There is no evidence that the results would change management. The injured worker had hypertension and an EKG is necessary for baseline cardiac function. Guidelines cited included <http://www.cigna.com/individualandfamilies/health->

and-well-being/hw/medical-tests/electrocardiogram=hw213248.html. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (CBC, CMP, Microalbumin, Lipid Panel and TSH): Upheld

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 History and physical assesment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, CBC, CMP, microalbumin, lipids, thyroid-stimulating hormone are not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and 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's working diagnosis of hypertension, rule out industrial causation versus aggravation; chest pain rule out cardiac versus G.I. versus anxiety; shortness of breath related cardiac versus pulmonary versus anxiety; vertigo; sleep disorder, stable. The treating physician ordered CBC, CMP, microalbumin, lipids and a thyroid-stimulating hormone. These tests were last performed in June 2014. The utilization review physicians spoke with [REDACTED] (covering for [REDACTED]). Thyroid stimulating hormone was normal. There is no clinical indication or clinical rationale to repeat these laboratory tests. There is no documentation in the medical record establishing a causal relationship to the work injury. There is no documentation to support hypertension, chest pain and shortness of breath that is in any way related to the work injury. Consequently, absent clinical documentation to support repeating laboratory testing without a clinical indication or clinical rationale documented in the medical record, CBC, CMP, microalbumin, lipids, thyroid-stimulating hormone are not medically necessary is not medically necessary.

EKG, ICG, stress echo, cardio respiratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
Cigna.comhttp://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-tests/electrocardiogram.hw213248.html

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, EKG, ICG, stress echocardiogram and cardiorespiratory testing are not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and 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's working diagnosis of hypertension, rule out industrial causation versus aggravation; chest pain rule out cardiac versus g.i. versus anxiety; shortness of breath related cardiac versus pulmonary versus anxiety; vertigo; sleep disorder, stable. There is no documentation in the medical record to support performing an EKG, ICG (Impedance cardiography), stress echocardiogram and cardiorespiratory testing. The injured worker, as noted above, has a history of hypertension. The documentation does not state how the hypertension, chest pain and shortness of breath related to the work injury. The documentation from September 2014 progress note and the December 2014 progress note contains the same entry. The treating physician indicates the injured worker notes "improved chest pain and shortness of breath and vertigo. She reports worsening hypertension." the September 2014 progress note contains a blood pressure of 134/79. The December 2014 progress note contains a blood pressure of 153/87. The latter is not a significant change from the injured worker's baseline. Additionally, the documentation does not establish a causal relationship between the enumerated diagnoses and the work injury. Consequently, absent clinical documentation with a clinical indication and clinical rationale to support an EKG, ICG, stress echocardiogram and cardiorespiratory testing, EKG, ICG, stress echocardiogram and cardiorespiratory testing is not medically necessary.