

Case Number:	CM15-0122029		
Date Assigned:	07/06/2015	Date of Injury:	06/15/2010
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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 40-year-old who has filed a claim for chronic low back, hip, neck, and mid back pain reportedly associated with an industrial injury of June 15, 2010. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for chest x-ray testing and EKG testing while approving request for a thoracic epidural steroid injection and methadone. The claims administrator referenced a May 15, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, the applicant reported ongoing complaints of back and neck pain, 7-8/10, with associated lower extremity radicular pain complaints. The applicant had received prior thoracic epidural steroid injection therapy, it was acknowledged. The applicant was also status post earlier herniorrhaphy surgery and earlier right-sided rotator cuff repair surgery. The applicant was on Norco, Dexilant, and Fetzima, it was reported. A T1-T2 epidural steroid injection was apparently performed in the clinic, it was suggested, while the applicant was kept off of work, on total temporary disability. The attending provider stated that the applicant had had an earlier chest x-ray at an unspecified point in time which demonstrated a borderline heart size, while further workup in an emergency department from a cardiac standpoint was reportedly normal. The note was very difficult to follow as it mingled historical issues with current issues. Methadone, Zorvolex, Fetzima, and an unspecified topical compounded medication were endorsed while the applicant was placed off of work, on total temporary disability. An EKG and chest x-ray were ordered, seemingly without any supporting rationale or supporting commentary. Chest x-ray testing performed on June 12, 2015 was read as

negative for any infiltrate. The applicant received a subsequent T1-T2 epidural steroid injection on June 25, 2015. An RFA form of May 15, 2015 did not state for what purpose the chest x-ray was proposed. A separate RFA form also dated May 15, 2015 suggested that the EKG testing in question was being performed for medication management. Again, little-to-no rationale was furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray: 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 rationale: No, the request for a chest x-ray is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 notes that chest radiographs may be needed to elucidate shoulder pain which could be the result of a pneumothorax, apical lung tumor, or other atypical diseases such as tuberculosis, here, however, it was not clearly stated what was sought. It was not clearly stated for what issue, diagnosis, and/or purpose the chest x-ray in question was ordered. Neither the May 15, 2015 RFA form nor the associated progress note of the same date clearly stated why chest x-ray testing was being performed when the applicant had apparently had a recent cardiac workup through an emergency department which was interpreted as normal. Therefore, the request is not medically necessary.

EKG (electrocardiogram): 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 Methadone Page(s): 61.

Decision rationale: Conversely, the request for an EKG (electrocardiogram) is medically necessary, medically appropriate, and indicated here. As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, QTC prolongation with resultant serious arrhythmias has been noted in applicants using methadone. Here, the applicant was, in fact, using methadone; it was reported on May 15, 2015. An RFA form of the same date, May 15, 2015, suggested that EKG testing was being performed for medication management purposes. Thus, the attending provider suggested (but did not clearly state) that he was performing the EKG testing in question to monitor the presence or absence of QTC prolongation generated as a result of ongoing methadone usage. This was/is an MTUS-endorsed role for EKG testing, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

