

Case Number:	CM15-0126477		
Date Assigned:	07/13/2015	Date of Injury:	05/19/2005
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on May 19, 2005. He reported cumulative trauma. The injured worker was diagnosed as having cervical discopathy with radiculitis, lumbar discopathy with radiculitis, carpal tunnel/double crush syndrome, cervicgia, left shoulder impingement syndrome with tendinosis and partial tear of the rotator cuff, right shoulder impingement syndrome with rotator cuff tear, right knee degenerative joint disease with lateral meniscus tear and left knee degenerative joint disease with meniscus tear. Treatment to date has included diagnostic studies, epidural steroid injections, physical therapy and medication. On May 13, 2015, the injured worker complained of constant severe pain in the low back rated a 9 on a 1-10 pain scale. There is radiation of the pain into the lower extremities, which is burning in nature with associated tingling and numbness. He reported constant cervical spine pain rated as an 8 on the pain scale. This pain radiates into the upper extremities with associated tingling and numbness. He has constant pain in the bilateral shoulders with radiation down the arms associated with tingling and numbness and constant pain in the bilateral knees. The recommendations at the time of exam included a surgical request for L3 through S1 posterior lumbar interbody fusion with instrumentation and possible addressing of junctional level pathology if present intra-operatively. On June 17, 2015, Utilization Review non-certified the request for a hemodynamic study, citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemodynamic Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Pulmonary function testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date.

Decision rationale: The California MTUS, ODG, and ACOEM do not specifically address the requested service. The up-to date guidelines indicate there are multiple types of hemodynamic studies. The purpose of these studies is dependent on the specific test, the request does not specify what type of hemodynamic studies. Previous cardiovascular studies included in the documentation have all been normal. Without more specifics, the request is not medically necessary.