

<b>Case Number:</b>	CM15-0172464		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/12/2015
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 70 year old female who sustained an industrial injury on May 12, 2015. A recent primary treating office visit dated July 09, 2015 reported chief subjective complaint of respiratory complaints, stress, and anxiety and sleep disturbance. The current medication regimen consisted of: Advil, Menthol lozenge, Probiotics, Vitamin B complex, Vitamin D, and Calcium with Magnesium. Treating diagnoses included: history of exposure to Tuberculosis; shortness of breath; chest pain; sleep disorder, and psychiatric diagnosis. The plan of care note recommending laboratory work up, electrocardiogram; cardio-respiratory testing; two-dimensional echocardiogram; toxicology and pulmonology consultation for further evaluation. She is also referred for psychiatric evaluation treating anxiety and depression. She is to remain temporarily totally disabled for 45 days with follow up evaluation. Documentation provided showed in June 2015 she underwent acid fast testing of sputum, urine and stool sampling. The initial report of illness dated May 22, 2015 reported previous positive testing in country of origin prior to industrial claim. She is also with medical history of hoarseness, Aspergillosis and Diarrhea. The plan of care noted: two dimensional echocardiogram, neurologic referral; psychiatric referral; toxicology referral. The following noted rendered this visit: vital signs, electrocardiogram, body mass index, and ICG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ICG (Impedance Cardiology): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Accuracy of impedance cardiography for evaluating trends in cardiac output. Heinink TP, Lund JN, Williams JP. Br J Anaesth. 2015 Aug; 115(2):322-3.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS guidelines, the Official Disability Guidelines (ODG) and the ACOEM Guidelines do not address this topic. Therefore, outside sources were sought. Impedance cardiography (ICG) is a noninvasive modality that utilizes changes in impedance across the thorax to assess hemodynamic parameters, including cardiac output (CO). The indication for this test is unclear. The medical records provide no justification for the reason this test was ordered. The patient does not have a history of unstable angina or decompensated congestive heart failure. The test is not a recommended routine screening test. Therefore, based on the submitted medical documentation, the request for impedance cardiography is not medically necessary and has not been established.

**Cardio- respiratory testing: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinician's Guide To Cardiopulmonary Exercise Testing in Adults, Circulation. 2010; 122: 191-225 Published online before print June 28, 2010.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Therefore outside sources were sought. When combined with exercise testing, adjunctive imaging modalities offer greater diagnostic accuracy, additional information regarding cardiac structure and function, and additional prognostic information. The American Heart Association recommends that Cardiopulmonary (cardio respiratory) testing be performed in adults to assess cardiac output and pulmonary compliance. The reason for this test being ordered is unclear. This patient has not been documented to have any signs of recent unstable angina. This type of test is not performed as a standing screening procedure. Therefore, based on the submitted medical documentation, the request for cardio respiratory testing is not medically necessary.

**Body composition study: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obesity Education Initiative: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute, Obesity Research 1998, 6 Suppl 2:51S-209S, Updated for the American Heart Association, 2015.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS guidelines, the Official Disability Guidelines (ODG) and the ACOEM Guidelines do not address this topic. Therefore, outside sources were sought. According to the American Heart Association, body composition testing can include a multitude of tests. Waist circumference and body mass index (BMI) are indirect ways to assess your body composition. Waist-to-hip ratio (WHR) is another index of body fat distribution. However, WHR is less accurate than BMI or waist circumference and is no longer recommended. The indication for this test is unclear. The medical records provide no justification for the reason this test was ordered. The test is not a recommended routine screening test. Therefore, based on the submitted medical documentation, the request for body composition testing is not medically necessary and has not been established.

**2D echo cardiogram:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antman EM, Smith SC, Alpert JS, et al. ACC/AHA/ASE 2003 Guideline Update for the Clinical Application of Echocardiography. ACC/AHA Practice Guidelines. Dallas, TX: American Heart Association; 2003. Available at: <http://www.americanheart.org/>. Gottdiener JS, Bednarz J, Devereix R, et al. American Society of Echocardiography recommendations for use of echocardiography in clinical trials. A report from the American Society of Echocardiography's Guidelines and Standards Committee and the Task Force on Echocardiography in Clinical Trials. American Society of Echocardiography Report. J Am Soc Echocardiography. 2004; 17(10):1086-1119.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The California MTUS guidelines, ACOEM Guidelines and the Occupational Disability Guidelines (ODG) do not address this topic. Echocardiography is an ultrasound technique for diagnosing cardiovascular disorders. Evidence-based guidelines from the American College of Cardiology, American Heart Association, and American Society of Echocardiography outlined the accepted capabilities for Doppler echocardiography in the adult patient. Among indications related to anatomy-pathology, color Doppler was rated as most helpful for evaluating septal defects. Among functional indications, color Doppler was considered most useful for evaluating the site of right-to-left and left-to-right shunts (Antman et al, 2003). Color Doppler was also considered useful for evaluating severity of valve stenosis and

valve regurgitation and evaluation of prosthetic valves. On her most recent clinic visit, patient had no new complaints of unstable angina or valvular disease. The patient has not had a history of congestive heart failure or recent myocardial infarction. In this clinical situation, an echo is not warranted. Therefore, based on the submitted medical documentation, the request for 2D cardiac echocardiogram is not medically necessary.

**Toxicology/pulmonology consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this referral for this patient. The California MTUS guidelines address the issue of consultants by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps". Although this patient has had a history of prior (remote) toxic exposure treatment, she is documented to have no current toxic conditions. The patient is being treated for latent TB. This does not require toxicology specialist. A pulmonary evaluation is appropriate for this condition, however, the medical records reflect that this patient has already received a pulmonary consultation and is receiving care for her disease. A repeat consultation is not warranted since care is already being provided. Therefore, based on the submitted medical documentation, the request for toxicology/pulmonary consultation is not medically necessary.

**Psychiatric consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines:Chapter 7, Independent Medical Evaluations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a psychiatric referral for this patient. The California MTUS guidelines address the issue of a psychology referral by stating: "It is recommended that, common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional". Although this patient has had a history of prior psychological treatment, she is documented to have recently received a psychiatric consultation and be receiving care. A repeat consultation is not warranted since care is already being provided. Therefore, based on the submitted medical documentation, the request for psychiatric consultation is not medically necessary.

