

Case Number:	CM15-0175413		
Date Assigned:	09/16/2015	Date of Injury:	06/15/2015
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 47 year old female, who sustained an industrial injury on June 15, 2015. The injured worker is diagnosed as having depression and anxiety severe, costochondritis (stress related), rule out gastroenteritis secondary to stress and anxiety and bilateral shoulder myositis. Her work status is temporary total disability. Currently, the injured worker complains of symptoms of frequent severe depression and anxiety, sleep disturbance (averages 3 hours per night), constant moderate to severe aching-type of non-radiating gastrointestinal pain, frequent severe, throbbing, aching-type of non-radiating headaches and intermittent moderate to severe non-radiating sinus congestion pain. She also reports frequent diarrhea, cramps and anorexia. A physical examination on July 31, 2015 reveals a very fatigued and stressed injured worker. She cries when recalling her current problems. She has multiple tender trigger points at multiple intercostal muscles on the left side. There is abdominal tenderness on palpation. She has a large semi-rigid palpable mass at the right lower neck area that is painful to palpation. There is tenderness to palpation over the bilateral shoulders with active trigger points at both upper trapezius muscles. Treatment to date has included medications (Wellbutrin, Alprazolam). A request for the following; EKG is denied due to insufficient data to warrant one; gastroenterologist referral is denied as the medical records do not indicate the use of medication(s) known to cause gastric upset; physician referral for follow-up and anxiety medications is denied due to lack of documentation of prior therapy or interventions; psychiatry referral is denied due to no documentation of associated psychiatric symptoms, other than anxiety, and initial complaints of anxiety may be treated by the primary care; and sleep clinic

referral is denied due to lack of documentation supporting poor response to behavioral intervention and sedative-sleep promoting medications and psychiatric etiology has been excluded, per Utilization Review letter dated August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.cigna.com/individualandfamilies/health-and-well-being/hw/medical-tests/electrocardiogram-hw213248.html>.

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

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up-to-date were reviewed. Even though there continues to be new technologies developed for the diagnostic evaluation of patients with cardiovascular disease, the electrocardiogram (ECG) retains its central role. The ECG is the most important test for interpretation of the cardiac rhythm, conduction system abnormalities, and for the detection of myocardial ischemia. The ECG is also of great value in the evaluation of other types of cardiac abnormalities including valvular heart disease, cardiomyopathy, pericarditis, and hypertensive disease. Finally, the ECG can be used to monitor drug treatment (specifically antiarrhythmic therapy) and to detect metabolic disturbances. The treating provider is requesting EKG to rule out cardiomyopathy. Medical records of this injured worker do not provide enough information why EKG is requested, and there is no mention of relationship of this test with the industrial injury of this worker. The Requested Treatment: EKG is not medically necessary and appropriate.

Referral to gastroenterologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set

number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. Records do not specify what the concerns are that need to be addressed. Given the lack of documentation and considering the given guidelines, the requested treatment: referral to gastroenterologist is not medically necessary.

Referral to doctor for follow-up and anxiety medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Office visits.

Decision rationale: ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Within the submitted medical records, there is no documentation of initial therapy and interventions. Medical records are not clear about the need for Referral. The requested treatment: Referral to doctor for follow-up and anxiety medications is not medically necessary.

Referral to psychiatry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits.

Decision rationale: ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical

doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. The treating provider's notes indicate this injured worker has anxiety and stress. Documentation does not indicate associated psychiatric symptoms that need referral. The requested treatment: Referral to psychiatry is not medically necessary.

Referral to sleep clinic: 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), Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Polysomnography.

Decision rationale: Per the ODG, polysomnography (sleep studies) 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. This test "measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. A sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine, administers it. Criteria for Polysomnography: Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended; (8) Unattended (unsupervised) home sleep studies for adult patients are appropriate with a home sleep study device with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and EKG or heart rate). Review of submitted medical records does not provide clear rationale to support the appropriateness of this Referral. The requested treatment: Referral to sleep clinic is not medically necessary.

