

Case Number:	CM15-0064137		
Date Assigned:	04/10/2015	Date of Injury:	12/29/2003
Decision Date:	06/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female, with a reported date of injury of 12/29/2003. The diagnoses include high blood pressure, diabetes, chest pain, high cholesterol, and arteriosclerotic retinopathy. Treatments to date have included blood pressure medications, cholesterol medications, diabetes medications, and stress echocardiogram. The progress report dated 02/17/2015 indicates that the injured worker denied having any chest pain, shortness of breath, or abdominal pain. The objective findings include a blood pressure reading of 112/73, a heart rate of 62, a regular heart rate and rhythm, and some swelling in the left leg and left foot. The treating physician requested urine toxicology screen, an EKG, a 2D-echocardiogram, and a carotid ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: 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, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org/home/SearchForm?Search-echocardiogram&;action_ProcessSphinxSearchForm=GoEchocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 12 May 2015. U.S. National Library of Medicine.

Decision rationale: According to the U.S. National Library of Medicine, an ECG is often the first test done to determine whether a patient has heart disease. It is also used to measure any damage to the heart, how fast the heart is beating, the effect of drugs or devices used to control the heart, or the size and position of the heart chambers. In this case, there is a lack of documentation to support the request, as the injured worker did not report any complaints of chest pain, shortness of breath, or abdominal pain. The injured worker's blood pressure in the office was 112/73 with a heart rate of 62. There was a regular rate and rhythm with S1 and S2 noted on examination. The medical necessity has not been established. As such, the request is not medically necessary.

Two-dimensional echocardiography (2D-echo): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org/home/SearchForm?Search-echocardiogram&;action_ProcessSphinxSearchForm=GoEchocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 12 May 2015. U.S. National Library of Medicine.

Decision rationale: According to the U.S. National Library of Medicine, an echocardiogram may be completed to evaluate the valves and chambers of the heart. In this case, the documentation provided fails to support the request as the injured worker denied any chest pain, shortness of breath, or abdominal pain. The injured worker's blood pressure was 112/73 with a heart rate of 62. There was no documentation of a significant abnormality noted upon examination. As the medical necessity has not been established, the request is not medically necessary at this time.

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American College of Cardiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 12 May 2015. U.S. National Library of Medicine.

Decision rationale: According to the U.S. National Library of Medicine, a carotid duplex is an ultrasound test that shows how well the blood is flowing through the arteries. A physician may order this type of test if the patient has had a stroke or TIA, if the patient needs a follow-up test due to narrowing of the carotid artery, or if the physician detects an abnormal sound over the carotid arteries. In this case, the injured worker's cardiac examination was within normal limits. The injured worker denied chest pain, shortness of breath, or abdominal pain. The injured worker's blood pressure was 112/73 with a heart rate of 62. As the medical necessity has not been established, the request is not medically necessary at this time.

