

<b>Case Number:</b>	CM15-0065961		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Hawaii  
 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 55 year old male injured worker suffered an industrial injury on 03/14/2010. The diagnoses included hypertension, diabetes, acid reflux, abdominal pain, and sleep disorder. The diagnostics included x-rays, electromyographic studies, urine drug screens, and magnetic resonance imaging. The injured worker had been treated with medications, physical therapy, epidural steroid injections and acupuncture. On 2/17/2015, the treating provider reported stress and anxiety from the orthopedic pain. He complained of shortness of breath, abdominal pain, diarrhea, constipation and bright red blood from the rectum. The treatment plan included Urine toxicology screen and cardiovascular respiratory testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Pain Procedure Summary Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The patient presents with pain affecting the abdomen. The current request is for Urine toxicology screen. The treating physician report dated 2/25/15 (186B) states, "ut for chr pain" under treatment plan. No further rationale was provided by the physician for the current request. A report dated 2/17/15 (180B) notes that the patient is currently taking Hydrocodone. The documents provided show that a urine toxicology screen was collected on 2/13/15. The MTUS guidelines state on page 43, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." MTUS does recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, a urine toxicology screen was performed on 2/13/15 and the patient tested positive for a medication that was not part of their prescription therapy. The patient is currently taking an opioid in the form of hydrocodone and a repeat urine toxicology screen is reasonable considering the inconsistent results from a recent UDS review. The request is medically necessary and the recommendation is for authorization.

**Cardiovascular respiratory testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th edition Chapter 10 - Exercise Stress Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary, Pulmonary function testing.

**Decision rationale:** The patient presents with pain affecting the abdomen. The current request is for Cardiovascular respiratory testing. The treating physician report dated 2/17/15 (183B) states, "As he denies any history of hypertension prior to his industrial injury, the pain of which resulted in elevated levels of stress and anxiety, I believe with all reasonable medical probability that his cardiovascular condition resulted from the injury. I have ordered labs, an EKG, ICG, 2D echo, stress echo, cardio-respiratory testing for further evaluation." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding pulmonary function testing: "Recommended in asthma. (NHLBI, 2007) In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis and management of chronic lung diseases. (NHLBI/WHO, 2007) Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient." In this case, there is no evidence in the documents provided that suggests the patient has a history of asthma, lung disease, or other respiratory problems. There is also no documentation provided that shows the patient is to undergo any form of surgery. The current request does not satisfy the ODG guidelines as outlined in the "Pulmonary" chapter. The request is not medically necessary and recommendation is for denial.

