

<b>Case Number:</b>	CM15-0090016		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/09/2008
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, 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:

This 41-year-old man sustained an industrial injury on 5/9/2008. The mechanism of injury is not detailed. Evaluations include undated lumbar spine MRI an electrodiagnostic studies of the bilateral upper and lower extremities. Diagnoses include cervical, thoracic, and lumbar spine strain/sprain; cervical and lumbar spine radiculopathy; anxiety; and depression. Treatment has included oral medications and epidural and facet injections. Physician notes on a PR-2 dated 4/6/2015 show complaints of pain in the neck rated 8/10, upper and lower back rated 8/10, and abdomen. The worker is also complaining of depression, anxiety, and insomnia. Recommendations include pain management consultation, updated MRIs of the cervical and lumbar spine, psychological evaluation, general surgical consultation, urology consultation, cardio-respiratory testing, TENS unit and supplies, Soma, Tramadol, and follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cardio-respiratory testing to include autonomic function assessment, cardiovagal innervation, vasomotor adrenergic innervation and EKG: 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 [http://www.aetna.com/cpb/medical/data/800\\_899/0825.html](http://www.aetna.com/cpb/medical/data/800_899/0825.html).

**Decision rationale:** Pursuant to the Aetna Clinical Policy Bulletin (#0825), cardio-respiratory testing to include autonomic functional assessment, cardiovagal innervation, vasomotor adrenergic innervation and EKG is not medically necessary. Aetna considers cardiopulmonary exercise testing medically necessary in the enumerated conditions (see attached link) after performance of standard testing including echocardiography and pulmonary function testing with measurement of diffusion passively and measurement of oxygen desaturation (six minute walk test): development of exercise prescription to determine intensity of exercise training in cardiac and pulmonary rehab programs; differentiated cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea evaluate exercise capacity and response to therapy in individuals with chronic heart failure who are being considered for heart transplantation or other advanced therapies; etc. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; cervical radiculopathy; thoracic spine sprain/strain; lumbar spine sprain/strain; lumbar radiculopathy; status post herniorrhaphy; anxiety and depression. The documentation states the treating provider last examined the injured worker on October 16, 2012 (progress note dated April 6, 2015). The injured worker's subjective chief complaints are pain in the neck, upper back, lower back and abdomen. There are also complaints of depression, anxiety and insomnia. There are no cardiac complaints or pulmonary complaints in the medical record. There are no urology complaints or difficulty urinating in the record. In the review of systems section, the injured worker admits to no cardiac complaints and no shortness of breath (pulmonary). Under the GU section, the injured worker has no complaints. Objectively, the documentation contains a detailed musculoskeletal physical examination. There is no documentation with a heart examination or long examination. The treatment plan contains a request for cardiorespiratory testing to include autonomic functional assessment, cardio vagal innervation, vasomotor adrenergic innervation and EKG. There is no clinical indication or rationale for these diagnostic tests. Additionally, the injured worker does not meet the criteria under the Aetna Clinical Policy Bulletin (#0825). Consequently, absent clinical documentation with guideline support, cardio-respiratory testing to include autonomic function assessment, cardiovagal innervation, vasomotor adrenergic innervation and EKG is not medically necessary.

**One (1) urological evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, urological evaluation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are

present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates; for certain, antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; cervical radiculopathy; thoracic spine sprain/strain; lumbar spine sprain/strain; lumbar radiculopathy; status post herniorrhaphy; anxiety and depression. The documentation states the treating provider last examined the injured worker on October 16, 2012 (progress note dated April 6, 2015). The injured worker's subjective chief complaints are pain in the neck, upper back, lower back and abdomen. There are also complaints of depression, anxiety and insomnia. There are no cardiac complaints or pulmonary complaints in the medical record. There are no urology complaints or difficulty urinating in the record. In the review of systems section, the injured worker admits to no cardiac complaints and no shortness of breath (pulmonary). Under the GU section, the injured worker has no complaints. Objectively, the documentation contains a detailed musculoskeletal physical examination. There is no documentation with a heart examination or long examination. In the subjective and objective sections of the progress note dated April 6, 2015, there are no subjective complaints of dysuria or difficulty voiding. There is no objective evidence of urologic dysfunction. The treatment plan states the injured worker has difficulty voiding. This is not supported in the body of the progress note. There is no clinical indication or rationale for a urological evaluation. Consequently, absent clinical documentation with a clinical indication/rationale for a urological evaluation, urological evaluation is not medically necessary.

**One (1) prescription of Tramadol 50mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; cervical radiculopathy; thoracic spine sprain/strain; lumbar spine sprain/strain; lumbar radiculopathy; status post herniorrhaphy; anxiety and depression. The documentation states the treating provider last examined the injured

worker on October 16, 2012 (progress note dated April 6, 2015). The injured worker's subjective chief complaints are pain in the neck, upper back, lower back and abdomen. There are also complaints of depression, anxiety and insomnia. There are no cardiac complaints or pulmonary complaints in the medical record. There are no urology complaints or difficulty urinating in the record. In the review of systems section, the injured worker admits to no cardiac complaints and no shortness of breath (pulmonary). Under the GU section, the injured worker has no complaints. Objectively, the documentation contains a detailed musculoskeletal physical examination. There is no documentation with a heart examination or long examination. The documentation from an August 19, 2014 progress note shows the injured worker was taking Tramadol that was discontinued. Norco 10/325 was prescribed in place of tramadol. The documentation states Norco provided superior analgesic relief over Tramadol. In a progress note dated October 21, 2014, Norco 10/325 mg was associated with itching and tiredness. The treating provider restarted tramadol but continued Norco. The documentation (in this progress note) indicated Norco provided superior analgesic relief. There is no documentation demonstrating objective functional improvement with ongoing Tramadol and Norco. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. The prescribing information in the medical record does not contain a quantity or directions for Tramadol use. Consequently, absent clinical documentation with objective functional improvement to support ongoing Tramadol, risk assessments and detailed pain assessments, no quantity and no directions for use, Tramadol 50mg is not medically necessary.