

<b>Case Number:</b>	CM15-0098333		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 (n) 65-year-old male, who sustained an industrial injury on 6/17/11. He reported hypertension, shortness of breath and heart attack related to job stress and constant exposure to dust. The injured worker was diagnosed as having acid reflux, hypertension, chest pain, rule out cardiac vs. GI vs. anxiety and sleep disorder due to stress and pain. Treatment to date has included Dexilant and Tramadol, electrocardiograms and chest x-rays. As of the PR2 dated 3/17/15, the injured worker reports unchanged acid reflux, chest tightness, blood pressure, unchanged shortness of breath and worsening sleep disorder. Objective findings include normal blood pressure, regular heart rate, rhythm, and abdomen soft. The treating physician requested labs, a cervical and lumbar MRI, a cervical and lumbar x-ray and 2D-echo, an orthopedic consultation and a spine specialist consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: GI, HTN Profiles, Uric Acid, and Urinalysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, pg 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing and Other Medical Treatment Guidelines <http://smartmedicine.acponline.org/content>, Hypertension.

**Decision rationale:** MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). MTUS does not make recommendations regarding urinalysis. ODG recommends preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The American College of Physicians recommends laboratory testing, including urinalysis in certain patients with Hypertension to assess for target organ damage. Documentation fails to show that the injured worker is taking NSAIDs or undergoing surgery. Physician reports indicate that the diagnosis of Hypertension is well controlled and that routine labs had been performed six months prior to the request under review. Although it may be reasonable to order chemistry profile, there is lack of evidence that the injured worker has symptoms or signs of Gout, to establish the medical necessity for ordering Uric acid level. The request for GI, HTN Profiles, Uric Acid, and Urinalysis is not medically necessary by guidelines.

**MRI of the Cervical and Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 303, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 177.

**Decision rationale:** MTUS recommends spine x rays in patients with neck and low back pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Physician report at the time of the requested service fails to include a neurologic examination, demonstrate evidence of objective clinical evidence of specific nerve compromise or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI of the Cervical and Lumbar Spine is not medically necessary per MTUS.

**X-Ray of Cervical and Lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 303, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 177.

**Decision rationale:** MTUS recommends spine x rays in patients with neck and low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Physician report at the time of the requested service fails to include a neurologic examination, demonstrate evidence of objective clinical evidence of specific nerve compromise or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for X-Ray of Cervical and Lumbar spine is not medically necessary per MTUS.

**2D ECHO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

**Decision rationale:** An ECHO (Echocardiogram) is an ultrasound picture of the heart used to diagnose Valvular Heart disease, by checking the heart valves or chambers and the ability of the heart to pump. The injured worker is diagnosed with Hypertension and history of Myocardial Infarction (Heart Attack), with ongoing chest pain and shortness of breath. Documentation shows that a 2D ECHO had been completed six months prior to the requested service under review. Physician reports further demonstrate that Blood Pressure is well controlled and that the injured worker's symptoms are unchanged. Furthermore, there is no evidence of acute illness noted. The medical necessity for 2D ECHO has not been established. The request for 2D ECHO is not medically necessary.

**Orthopedic Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining

information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing treatment for Hypertension, acid reflux, chest pain and sleep disorder. Documentation at the time of the requested service under review failed to demonstrate acute illness or a specific clinical indication for an Orthopedic Consult. The request for Orthopedic Consultation is not medically necessary.

**Spine Specialist Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker is undergoing treatment for Hypertension, acid reflux, chest pain and sleep disorder. Documentation at the time of the requested service under review failed to demonstrate acute illness or a specific clinical indication for a Spine Specialist Consult. The request for Spine Specialist Consultation is not medically necessary.