
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 5/20/2009
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002917

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 2D echocardiogram with Doppler **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an abdominal ultrasound **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an ophthalmology consultation **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a cardiology consultation **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a split sleep study with CPAP titration **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a 2D echocardiogram with Doppler **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an abdominal ultrasound **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an ophthalmology consultation **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a cardiology consultation **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a split sleep study with CPAP titration **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

“The patient's injuries are apparently related to cumulative trauma from 2001 to 5/20/09 and also 2001 to 7/16/08. When seen on 5/6/13, he had just returned from living in Nigeria and was complaining of intermittent bouts of hematemesis. Current medications were noted as atorvastatin, ASA, clopidogrel, glyburide, metoprolol, and nifedipine. He apparently had a myocardial infarction and was treated by a private doctor in the US as well as in Nigeria. The provider notes that there was no change in abdominal pain, chest pain, diabetes mellitus, constipation, diarrhea (constipation more frequent than diarrhea}, vomiting, or pain at his bilateral hands. He reports vomiting blood and acid reflux. BP was 173/80, HR 57, + 1 abdominal tenderness that was mildly rigid, and lumbosacral spine tenderness with decreased ROM. Urine toxicology was performed and fasting labs were recommended for the following week. EKG, 2D echo with Doppler, and abdominal ultrasound were ordered and an EKG was performed. Recommended medications included metoprolol, ASA, atorvastatin, clopidogrel, and

glyburide. Test strips/lancets/ETOH swabs for six months were also recommended. Ophthalmology consultation was requested to rule out end organ damage secondary to hypertension and DM, a GI consultation was recommended to rule out GI bleed secondary to hematemesis, a cardiology consultation was recommended to evaluate chest pain s/p MI, and a sleep study with CPAP titration was recommended to rule out obstructive sleep apnea.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/8/2013)
- Employee medical records from Applicants Attorney/Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a 2D echocardiogram with Doppler:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on Cigna’s guidelines, Echocardiogram section, which is peer-reviewed scientific medical evidence that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 5/20/2009 related to cumulative trauma dating back to 2001. The employee has reported vomiting blood and acid reflux. A transthoracic echocardiogram on 5/5/2012 was noted to be unremarkable. The employee is noted to have a history of myocardial infarction. The employee’s blood pressure has been labile for over one year. A request was submitted for a 2D echocardiogram with Doppler.

The Cigna guidelines suggest that echocardiogram studies are used to assess valvular dysfunction as well as mechanical and structural components of the heart. These aspects do not change quickly unless there is a change in medication, lifestyle or new cardiac insult. The records submitted and reviewed indicate the employee had a normal echocardiogram about one year ago. The records do not document abnormal findings on examination. The employee’s blood pressure has been labile for over one year. However, there is no indication for the requested testing at this time. The request for a 2D echocardiogram with Doppler **is not medically necessary and appropriate.**

2) Regarding the request for an abdominal ultrasound:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on Cigna's guidelines, Abdominal Ultrasound, which is peer-reviewed scientific medical evidence that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 5/20/2009 related to cumulative trauma dating back to 2001. The employee has reported vomiting blood and acid reflux. A transthoracic echocardiogram on 5/5/2012 was noted to be unremarkable. The employee is noted to have a history of myocardial infarction. The employee's blood pressure has been labile for over one year. A request was submitted for abdominal ultrasound.

The CIGNA guidelines indicate that abdominal ultrasounds are used for evaluating gallstones, guidance for biopsies, urinary stones, aneurysms, etc. Since the nature or presentation of the employee's condition is not acute, an urgent ultrasound is not needed. Further, a gastroenterology consultation was provided, which would precipitate further investigation and symptom directed intervention. Abdominal tenderness with hematemesis and gastroesophageal reflux may be more consistent with gastric ulcers and are best evaluated by a gastroenterologist. An abdominal ultrasound is not appropriate given the employee's symptoms. The request for an abdominal ultrasound **is not medically necessary and appropriate.**

3) Regarding the request for an ophthalmology consultation:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Examinations and Consultations regarding Referral, Chapter 7, page 127, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the ACOEM Chapter 16, pages 416-489, which are part of the MTUS.

Rationale for the Decision:

The employee sustained an injury on 5/20/2009 related to cumulative trauma dating back to 2001. The employee has reported vomiting blood and acid reflux. A transthoracic echocardiogram on 5/5/2012 was noted to be unremarkable. The employee is noted to have a history of myocardial infarction. The employee's blood pressure has been labile for over one year. A request was submitted for an ophthalmology consultation.

The ACOEM guidelines indicate that ophthalmology complaints should be followed by a visual acuity check and thorough eye examination. Eye injuries may require urgent ophthalmology consultations. The records submitted and reviewed document that the employee has well controlled diabetes with an A1c of 6.3. There is no documentation of visual complaints or a recent eye injury. His injury was remote and non-contributory to the provider's request for a consultation. There is no documentation of an abnormal eye exam and routine dilated diabetic testing for retinal disease can also be performed by an optometrist. The request for an ophthalmology consultation **is not medically necessary and appropriate.**

4) Regarding the request for a cardiology consultation:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Examinations and Consultations regarding Referral, Chapter 7, page 127, which are not part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 5/20/2009 related to cumulative trauma dating back to 2001. The employee has reported vomiting blood and acid reflux. A transthoracic echocardiogram on 5/5/2012 was noted to be unremarkable. The employee is noted to have a history of myocardial infarction. The employee's blood pressure has been labile for over one year. A request was submitted for a cardiology consultation.

The ACOEM guidelines indicate that specialty consultations may occur if the diagnosis is complex or extremely uncertain and it would aid in diagnosis and therapeutic management. The records submitted and reviewed document the employee's hypertension is chronic, not a new or complex condition requiring consultation. Further, there are no complaints of new cardiac symptoms and there is no mention of abnormal cardiac exam or electrocardiogram findings. Overall, the employee's clinical cardiac exam was described as stable. As a result, there is no medical necessity warranting cardiology consultation. The request for a cardiology consultation **is not medically necessary and appropriate.**

5) Regarding the request for a split sleep study with CPAP titration:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on Official Disability Guidelines (ODG), Pain Chapter, Polysomnography section, which is a medical treatment

guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury on 5/20/2009 related to cumulative trauma dating back to 2001. The employee has reported vomiting blood and acid reflux. A transthoracic echocardiogram on 5/5/2012 was noted to be unremarkable. The employee is noted to have a history of myocardial infarction. The employee's blood pressure has been labile for over one year. A request was submitted for a split sleep study with CPAP titration.

The ODG indicates that a sleep study is recommended when insomnia occurs at least four nights per week with failure of sleep medications and behavioral or psychiatric evaluation. The records submitted and reviewed document that the employee gets about 4 to 5 hours of sleep per night. However, the records do not indicate whether the employee has had contiguous sleepless nights suggestive of insomnia or inability to sleep. In addition, there is no notation of psychiatric or behavioral modifications to help with the employee's sleep. The indication reported was for evaluation of sleep apnea but there was no mention of snoring, daytime somnolence or morning fatigue. The request for a split sleep study with CPAP titration **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.