Case Number:	CM15-0009902		
Date Assigned:	01/27/2015	**Date of Injury:**	05/01/2013
Decision Date:	10/14/2015	**UR Denial Date:**	12/22/2014
Priority:	Standard	**Application Received:**	01/16/2015

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: Anesthesiology

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 52 year old male sustained an industrial injury on 5/1/13. He subsequently reported back, neck, right shoulder and chest pain. Diagnoses include chest pain and unspecified essential hypertension. Treatments to date include prescription medications. The injured worker continues to experience back, neck and chest pain. Upon examination, blood pressure was 149/ 94 in the left and 131/ 86 in the right. Physical examination was within normal limits. A request for pulmonary treadmill, plethysmography, 24-hour BP monitor, cardiac treadmill, follow-up visit, initial consult with lab tests, urine dipstick, venipuncture, glucose reagent strip and ECG was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary treadmill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Cardiopulmonary exercise testing (CPET) has become an important clinical tool to evaluate exercise capacity and predict outcome in patients with heart failure and other cardiac conditions. It provides assessment of the integrative exercise responses involving the pulmonary, cardiovascular and skeletal muscle systems, which are not adequately reflected through the measurement of individual organ system function. CPET is being used increasingly in a wide spectrum of clinical applications for evaluation of undiagnosed exercise intolerance and for objective determination of functional capacity and impairment. In this case, there is no specific indication for the requested study. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Plethysmography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Plethysmography is a noninvasive technique for measuring the blood flow to an organ, body region, or limb. A variety of plethysmographic techniques are available. The most useful measure: (1) the physical dimensions or electrical properties of an organ or body part or (2) blood flow velocity with ultrasound. Plethysmography is used to diagnose deep vein thrombosis and arterial occlusive disease. Plethysmography is used as the sole diagnostic modality for these conditions or as an initial evaluation to determine the need for venography or arteriography. In this case, there is no specific indication for the requested study. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

24 hour BP monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Studies confirm that ambulatory blood pressure monitoring devices more accurately reflect a patient's blood pressure and correlate more closely with end-organ complications than blood pressure levels measured in the physician's office. Discriminate use of this technology in specific clinical circumstances assists in identifying patients at risk for hypertension and may result in improved outcomes in this subset of patients. Ambulatory blood pressure monitoring may be particularly helpful in clinical situations such as borderline hypertension, white-coat hypertension, apparent drug resistance, hypotensive symptoms from medications or autonomic dysfunction, episodic hypertension, and evaluation of anti-hypertensive efficacy. In this case, there is no specific indication for the use of this test. Medical necessity for the requested test has not been established. The requested test is not medically necessary.

Cardiac treadmill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

Decision rationale: Exercise testing is a cardiovascular stress test that uses treadmill bicycle exercise with electrocardiography (ECG) and blood pressure monitoring. Pharmacologic stress testing, established after exercise testing, is a diagnostic procedure in which cardiovascular stress induced by pharmacologic agents is demonstrated in patients with decreased functional capacity or in patients who cannot exercise. Pharmacologic stress testing is used in combination with imaging modalities such as radionuclide imaging and echocardiography. In this case, there is no specific indication for a cardiac stress test. There is no documentation of ongoing cardiac related issues. Medical necessity for the requested study is not established. The requested study is not medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Exams.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: Patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up can occur when a release to
modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working. Medical necessity for the requested follow-up visits has been established. The requested follow-up visits are medically necessary.

Initial consult with lab tests: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Exams.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the patient has hypertension and chest pain. The patient requires an initial consultation to evaluate his laboratory studies and present medical regimen. Medical necessity for the requested service has been established. The requested service is medically necessary.

Urine dipstick: 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 Medscape Internal Medicine (2014).

Decision rationale: A urine test strip or dipstick test is a basic diagnostic tool used to determine pathological changes in a patient's urine in standard urinalysis. A standard urine test strip may comprise up to 10 different chemical pads or reagents which react (change color) when immersed in, and then removed from, a urine sample. The test can often be read in as little as 60 to 120 seconds after dipping, although certain tests require longer. Routine testing of the urine with multiparameter strips is the first step in the diagnosis of a wide range of diseases. The analysis includes testing for the presence of proteins, glucose, ketones, hemoglobin, bilirubin, urobilinogen, acetone, nitrite and leucocytes as well as testing of pH and specific gravity or to test for infection by different pathogens. There is no specific indication for the requested urine test strip. Medical necessity for the requested test has not been established. The requested test is not medically necessary.

Venipuncture: 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 Medscape Internal Medicine 2014).

Decision rationale: In medicine, venipuncture is the process of obtaining intravenous access for the purpose of intravenous therapy or for blood sampling of venous blood. This procedure is performed by medical laboratory scientists, medical practitioners, some EMTs, paramedics, phlebotomists, dialysis technicians, and other nursing staff. There is no documentation of the requested laboratory studies required by venipunture. Medical necessity for the requested procedure has not been established. The requested study is not medically necessary.

Glucose-reagent strip: 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 Medscape Internal Medicine (2014).

Decision rationale: A glucose meter (or glucometer) is a medical device for determining the approximate concentration of glucose in the blood. It can also be a strip of glucose paper dipped into a substance and measured to the glucose chart. It is a key element of home blood glucose monitoring (HBGM) by people with diabetes mellitus or hypoglycemia. A small drop of blood, obtained by pricking the skin with a lancet, is placed on a disposable test strip that the meter reads and uses to calculate the blood glucose level. The meter then displays the level in units of mg/dl or mmol/l. There is no specific indication for the requested test. Medical necessity for the requested item has not been established. The requested test is not medically necessary.

ECG: 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 Medscape Internal Medicine (2014).

Decision rationale: Per the reviewed guidelines, an electrocardiogram (ECG) is indicated for: 1. For the diagnosis of overt or suspected cardiovascular disease. Follow-up recordings are indicated when there is a change in clinical status. 2. For assessing the results of therapy. 3. In subjects at risk of heart disease, usually > 40 years old without evidence of cardiovascular disease but with two or more of the following risk factors: hypercholesterolemia, diabetes, obesity, smoking, or positive family history. In this group frequent follow-up recordings are usually not indicated unless signs or symptoms of heart disease appear. 4. In selected subjects with fewer risk factors whose occupations magnify the consequences of a heart attack or arrhythmia, for example, commercial airline pilots or bus drivers. 5. Before surgical intervention as an aid in the diagnosis and management of preoperative conditions or subsequent postoperative complications. However, it should be emphasized that definitive data regarding the utility of electrocardiography as a routine baseline preoperative procedure are not available. 6. For assessing cardiac effects of systemic diseases or conditions, such as renal failure, diabetic acidosis and hypothermia, electrolyte abnormalities, and potential cardiotoxic effects of drugs. In this case, there is no specific indication for the requested ECG. Medical necessity for the requested ECG has not been established. The requested item is not medically necessary.