

Case Number:	CM15-0108179		
Date Assigned:	06/12/2015	Date of Injury:	01/01/1993
Decision Date:	10/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old male, who sustained an industrial injury on 1/1/1993. The current diagnoses are gastroesophageal reflux disease, secondary to NSAIDs (improved), antral gastritis, secondary to NSAIDs (improved), hypertension, triggered by industrial injury with left ventricular hypertrophy (controlled), sleep disorder, secondary to pain and stress, rule out obstructive sleep apnea, rule out active H. pylori infection, and history of glucose intolerance. According to the progress report dated 3/11/2015, the injured worker notes improved acid reflux. He reports rectal bleeding with constipation. He is sleeping 5-6 hours per night. He denies chest pain, but reports sexual function and low back pain. The low back pain is rated 8/10 on a subjective pain scale. The current medications are Gaviscon, Colace, Lovaza, Probiotics, Aspirin EC, Vitamin D, Lipitor, Lisinopril, Theramine, and Metformin. Treatment to date has included medication management, laboratory studies, and cardio-respiratory test. The plan of care includes urology consultation, electrocardiogram, impedance cardiology, 2D echo with Doppler, cardio-respiratory test, and Metformin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes, Office Visit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a GI specialist. ODG states, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the request is for evaluation of urinary frequency, urgency and sexual dysfunction, which is stable, and most likely a side effect due to the workers multiple medications and multiple comorbidities. There is no evidence of evaluation by the PCM or initiation of work up or treatment prior to referral to the subspecialist. His evaluation has been unremarkable by the urologist. As such, the request for Urology consultation is not medically necessary.

Metformin 500mg, #30 (3-bottles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes: Metformin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Metformin (Glucophage).

Decision rationale: MTUS is silent with regards to metformin. ODG states, Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. The medical records do not substantiate the diagnosis of diabetes type 2. There are not glucose or hemoglobin A1c levels to reference in the medical records. Given the lack of documentation, the requested medication cannot be approved at this time. As such, the request is not medically necessary at this time.

Electrocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing, General.

Decision rationale: The MTUS is silent on preoperative testing. The ODG states that, The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease, which could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. The medical records fail to demonstrate active issues with chest pain. As such, the request is not medically necessary.

Impedance cardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary:Pulmonary functioning tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cotter G et al, Accurate, noninvasive continuous monitoring of cardiac output by whole-body electrical bioimpedance. Chest. 2004;125(4):1431.

Decision rationale: Both the MTUS and ODG are silent on impedance cardiography. Impedance cardiography or electrical bioimpedance is testing that may be used in patient undergoing cardiac catheterization, cardiac bypass or in patients with decompensated heart failure. It is a surrogate-measuring tool to determine cardiac output. In this case, the patient is not undergoing catheterization, bypass surgery or has a history of heart failure. There is no evidence in the record of the above indications. The worker has no cardiac complaints. As such, the request is not medically necessary at this time.

2D Echo with doppler: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Reference Summary.

Decision rationale: MTUS and ACOEM guidelines are silent regarding echocardiogram. ODG states that the most important step is to differentiate patients with heart disease from others, since the mortality of these patients is doubled. Echocardiography, Holter-monitoring and electrophysiological study are useful to approach this population. In this case there are no ongoing cardiac complaints and the blood pressure is elevated but not to a concerning level. Since there is no indication for this testing, the request is not medically necessary.

Cardio Respiratory Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary functioning tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gibbons RJ et al, ACC/AHA 2002 guideline update for exercise testing: summary article: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1997 Exercise Testing Guidelines). Circulation. 2002;106(14):1883. Jurca RI et al, Assessing cardiorespiratory fitness without performing exercise testing> Am J prev Med 2005 OCT:29(3): 185-193.

Decision rationale: The MTUS and ODG are silent on Cardio respiratory testing, other guidelines where used. The ACC and AHA state that the 3 main indication for cardio respiratory testing or functional exercise testing include, Evaluation of exercise capacity and response to therapy in patients with heart failure (HF) who are being considered for heart transplantation. Assistance in the differentiation of cardiac versus pulmonary limitations as a cause of exercise-induced dyspnea or impaired exercise capacity when the cause is uncertain. Evaluations of exercise capacity when indicated for medical reasons in patients in whom the estimates of exercise capacity from exercise test time or work rate are unreliable. This testing involves exercise. The requested and performed test here is similar to that described by Jurca et al without exercise. This testing is suggestive of the patient's cardiorespiratory fitness, however, this is not a randomized control study and the participants had maxed or near maxed NASA fitness level. In this case, there is no documentation of any of the above indications. It is unclear from the records what the indication for this testing is. As such, the request is not medically necessary.