

<b>Case Number:</b>	CM13-0019959		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	10/21/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and Internal Medicine, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old male with a 10/21/07 date of injury. At the time (6/6/13) of request for authorization for blood tests, urine microalbumin, and EKG & echocardiogram, there is documentation of subjective (no new complaints, "feels good", BP controlled with meds) and objective (BP recheck 126/84, neck (illegible) normal, lungs clear) findings, lab (4/5/12 report identifies urine microalbumin is high) findings, EKG (4/5/12 EKG identifies incomplete RBBB and LAFB, early precordial R/S transition, and borderline ST elevation) findings, echocardiography (4/5/12 report identifies mild concentric left ventricular hypertrophy) findings, current diagnoses (benign hypertensive heart disease unspecified and hypertension essential benign), and treatment to date (medication). Regarding blood tests, there is no documentation of the specific blood tests requested and a clearly stated rationale identifying why blood tests are needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLOOD TESTS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICAL NECESSITY OF LABORATORY TESTS, ([HTTP://WWW.HEALTHCARECOMPLIANCE.INFO/MED\\_NEC.HTM](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of benign hypertensive heart disease unspecified and hypertension essential benign. However, there is no documentation of the specific blood tests requested and a clearly stated rationale identifying why blood tests are needed. Therefore, based on guidelines and a review of the evidence, the request for blood tests is not medically necessary.

**URINE MICROALBUMIN:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MICROALBUMINURIA SCREENING IN PATIENTS WITH HYPERTENSION: CONCLUSIONS ([HTTP://WWW.MEDSCAPE.ORG/VIEWARTICLE/569728\\_7](http://www.medscape.org/viewarticle/569728_7))

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify hypertension is associated with microalbuminuria. In addition, medical treatment guidelines identify that microalbuminuria has been shown to be a marker of systemic endothelial dysfunction, considered to be an early stage of the atherosclerotic process; an independent risk marker for CV and cerebrovascular events (such as ischaemic heart disease and stroke, as well as all-cause mortality) in patients with hypertension; and that annual screening for microalbuminuria is simple, easy to perform, is recommended by international treatment guidelines and should be implemented in the general practice. Within the medical information available for review, there is documentation of diagnoses of benign hypertensive heart disease unspecified and hypertension essential benign. In addition, there is documentation of a 4/5/12 lab report identifying urine microalbumin as high. Therefore, based on guidelines and a review of the evidence, the request for urine microalbumin is medically necessary.

**EKG AND ECHOCARDIOGRAM:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CIRC.AHAJOURNALS.ORG AND ACC/AHA GUIDELINES FOR THE CLINICAL APPLICATION OF ECHOCARDIOGRAPHY

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HYPERTENSIVE HEART DISEASE ([HTTP://WWW.MEDSCAPE.COM/VIEWARTICLE/504439\\_2](http://www.medscape.com/viewarticle/504439_2))

**Decision rationale:** MTUS and ODG do not address the issue. Medical treatment guidelines identify the two most common tools used to define LVH are the electrocardiogram (ECG) and the echocardiogram. Each has prognostic significance, but provides different data. Echocardiography supplies precise information about LV wall thickness, left atrial size, LV function, and wall-motion abnormalities. The ECG provides unique information on rhythm disturbances, hyperkalemia, PR interval, and QT interval in an effort to evaluate underlying cardiac pathophysiology. Within the medical information available for review, there is documentation of diagnoses of benign hypertensive heart disease unspecified and hypertension essential benign. In addition, there is documentation of a 4/5/12 EKG identifying incomplete RBBB and LAFB, early precordial R/S transition, and borderline ST elevation and a 4/5/12 echocardiography report identifying mild concentric left ventricular hypertrophy. Therefore, based on guidelines and a review of the evidence, the request for EKG and echocardiogram is medically necessary.