

Case Number:	CM13-0028165		
Date Assigned:	12/11/2013	Date of Injury:	06/28/2012
Decision Date:	01/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases and is licensed to practice in Texas. 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 physician 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:

The patient is a 61-year-old male who reported an injury on 06/28/2012. The injury was noted to have occurred when a co-worker dropped a 900-pound motorcycle on him. His symptoms included pain in the low back with radiation down his right leg, and associated numbness and tingling. His diagnoses are noted as possible discogenic low back pain and probable lumbar facet syndrome. Objective findings include tenderness about the lower lumbar paravertebral musculature, decreased range of motion of the lumbar spine, and normal strength in the lower extremities. Recent office notes indicate that the patient had not been taking medication, as it was recommended that he not take anti-inflammatories because of his hypertension. A recommendation was made for an echocardiogram to determine whether his hypertension is longstanding or related to his industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

An echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation guidelines found at <http://www.guideline.gov/content.aspx?id=438768search=echocardiogram+and+hypertension>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation guidelines from the American Society of Echocardiography found at http://www.asecho.org/wp-content/uploads/2013/05/Appropriate-Use-Criteria-for-Echo_2011.pdf.

Decision rationale: The California MTUS Guidelines state that all NSAIDs have the potential to raise the blood pressure in susceptible patients who are known to be hypertensive. The greatest risk appears to occur in patients taking anti-hypertensive medications. The patient was noted to have hypertension. Hypertension is an indication for TTE (trans-thoracic echocardiography), but the finding of left ventricular hypertrophy (LVH) would not necessarily define etiology of his hypertension as there is no way to know if it was present prior to work-related injury or if it developed in the 17 months that have transpired since his initial injury. Hypertension that developed as a result of his injury would most likely be due to poorly controlled pain, though it is likely the patient's BP abnormalities are multifactorial. As such, the echocardiogram would not be necessary in this case as it would not clearly define etiology of his HTN as it relates to his workmen's compensation claim. Given the above, the request is non-certified.