

<b>Case Number:</b>	CM13-0036964		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 is licensed to practice in Illinois. 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 55 year old female with neck and low back pain secondary to a work related accident on 7/31/09. She also has had a history of hypertension, and was taking Tribenzor. Her blood pressure had been well controlled. She was seen by [REDACTED] on 9/17/13, and her blood pressure was 144/101. Heart exam was normal and there was a trace of edema. A hemodynamic study was ordered. She saw [REDACTED] again on 3/26/13 for hypertension. She complained about shortness of breath on exertion. Her blood pressure at the time was well controlled. The cardiac and lung exam was normal. Her rate and rhythm was normal and there was no murmur, gallop, or click. She did not have rhonchi or rales. Her doctor requested authorization for an echocardiogram. [REDACTED] had a stress echocardiogram on 10/25/12 which demonstrated normal left ventricular systolic function with estimated EF at 6, normal left ventricular systolic function with estimated EF at 60%, features consistent with mild LV diastolic dysfunction, and mild mitral valvular regurgitation. A two-dimensional echocardiogram study with Doppler analysis on 5/14/13 was suggestive of mild diastolic dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a hemodynamic study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/syntheses/synthesis.aspx?id=36850&search=echocardiogram](http://www.guideline.gov/syntheses/synthesis.aspx?id=36850&search=echocardiogram).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Modified Framingham clinical criteria for the diagnosis of heart failure.

**Decision rationale:** The stress echocardiogram incorporates a resting echocardiogram; therefore the 2D echocardiogram on 5/14/13 was a repeat of the stress echocardiogram seven months earlier. It appears that study was not warranted on clinical grounds. The first study did not show any significant structural heart disease except for mild diastolic dysfunction and mild mitral valvular regurgitation. There didn't appear to be any significant clinical deterioration in the patient. She did report dyspnea with exertion, and exam showed a trace of edema. She didn't have any major criteria for heart failure, such as chest pain, orthopnea, paroxysmal nocturnal dyspnea, elevated jugular venous pressure, pulmonary rales, third heart sound cardiomegaly on chest x-ray, or pulmonary edema. While she did have one minor criteria (dyspnea on ordinary exertion), the diagnosis of heart failure requires two major, or one major and two minor criteria that cannot be attributed to another medical condition. Furthermore there was no record of the patient having an electrocardiogram, chest x-ray, and brain natriuretic peptide prior to echocardiogram. From the records her hypertension was well controlled. Therefore, the request is non-certified.