

Case Number:	CM13-0040311		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2004
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 New York. 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 44 year old male with a history of injury on 7/2/04. His diagnoses include obesity, controlled hypertension, and spinal operations. In 2/13, the patient had several tests. An EKG was normal. Echocardiogram revealed left ventricular hypertrophy, normal ejection fraction and wall motion. An exercise stress test showed no ischemic changes or wall motion abnormalities. Patient was on celexa, lorazepam, naprosyn, lisinopril, tramadol, omeprazole, ambien, amlodipine and klonopin. An impedance cardiogram was subsequently ordered. UR denied this request on 10/1/13. An appeal was placed 10/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Impedance cardiogram: 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 Heart and Vascular Institute of Florida.

Decision rationale: The MTUS is silent on this test. The source cited above states that this test is usually used on patients with congestive heart failure (CHF), high blood pressure, lung disease and other cardiac conditions. This test may provide helpful information to help your physician

better assess the severity of CHF, adjust medications, and determine whether or not a patient may need further testing. The record does not indicate the criteria used to recommend this test, after having done the other cardiac procedures. The pt does not have h/o of CHF. The UR decision is not reversed.

Metoprolol 1000mg #60: 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 PDR

Decision rationale: The PDR states that metoprolol may be use in the treatment of hypertension alone or in combination with other antihypertensives. Initial dose is 100mg/day with a maximum daily dose of 450mg/day. The latest note on the chart appear to be 2/26/13. The pt's blood pressure medicines at that time included amlodipine and lisinopril. There is no documentation of initiation of metoprolol, titrating up the dose and why a dose beyond the recommended amount is being prescribed. Therefore, the UR decision is not reversed.