MAXIMUS Federal Services

Case Number:	CM13-0040497		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2004
Decision Date:	03/12/2014	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 Geriatrics, and is licensed to practice in New York State. 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 injured worker is a 56 year old man with a date of injury of July 2, 2004. He is status post cervical laminioplasty. He was seen by his secondary treating physician (internal medicine) on August 22, 2013. He was noted to have no change to his abdominal pain, intermittent constipation, acid reflux, hypertension or diabetes mellitus. He denied blurred vision and had average fasting blood sugars of 120s mg/dl. On physical exam, his blood pressure was 102/73 (meds taken at 10 am) with pulse of 76 and blood sugar of 114 mg/dl (non-fasting). His lungs were clear and his cardiovascular exam showed a regular rate and rhythm, S1 and S2 with no rubs or gallops. His abdomen and extremities were unremarkable. His diagnoses included abdominal pain, constipation/diarrhea secondary to pain medications and stress, rule out irritable bowel syndrome, acid reflux secondary to NSAIDs-rule out ulcer/anatomical alteration, weight gain, unsubstantiated at this time, hypertension-rule out industrial causation, diabetes mellitus-triggered by work related injury and blurred vision-rule out secondary to hypertension and diabetes. An ICG was ordered secondary to hypertension and diabetes mellitus and medications were reordered. The only medication mentioned in the note was metformin which was prescribed twice daily. A prior note in May, 2013, included a medication list but metoprolol was not on that list. An electrocardiogram (EKG) and a echocardiogram (ECHO) were also said to be ordered but results are not available in the records. At issue in this review is the impedance cardiogram and metoprolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Impedance Cardiogram (ICG): 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 European Heart Journal (1997) 18, 1396-1403. The technique of impedance cardiography. H. H. Woltjer, H. J. Bogaard and P. M. J. M. de Vries, American Heart Journal 2009 Aug;158(2):217-23, Correlation of impedance cardiography with invasive hemodynamic measure

Decision rationale: Impedance cardiography has been studied for the past 30 years as a non-invasive, harmless and cost effective method of monitoring stroke volume and other indicators of cardiac function. In hospitalized patients with advanced heart failure, Iimpedance cardiography provides some information about cardiac output but not left-sided filling pressures. Impedance cardiography did not have prognostic utility in this patient population. The records do not document why this test was ordered other than as the worker had hypertension and diabetes. The worker's blood pressure was well controlled in the most recent visit and the worker had no symptoms of angina or documentation of myocardial infarction or congestive heart failure. A prior EKG and ECHO were said to be ordered. The records do not provide justification for medical necessity for an impedance cardiogram.

Metoprolol 1000 MG Twice Daily # 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: metoprolol drug information

Decision rationale: Metoprolol is a beta- blocker which is prescribed for the treatment of hypertension, alone or in combination with other agents; management of angina pectoris; secondary prevention postmyocardial infarction. The records do not document why this medication was ordered as the worker's blood pressure was well controlled in the most recent visit and the worker had no symptoms of angina or documentation of myocardial infarction. The records do not provide justification for medical necessity for metoprolol.