

<b>Case Number:</b>	CM13-0056007		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/11/1998
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 right hand dominant male status post injury 12/11/98. The diagnoses include abdominal pain, constipation, gastroesophageal reflux disease, hyperlipidemia, hemorrhoids, hypertension (diagnosed 2010), sleep disorder, history of lumbar spine discectomy (1999 and 2003), and history of left kidney removal. The treatment received has included acupuncture, aquatic and physical therapy, epidural steroid injections, antidepressants, narcotics, and atenolol. The patient denies any history of hypertension prior to his injury, and blood tests, and EKG and 2D echo with Doppler were requested to further evaluation the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2D echocardiogram with Doppler: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and other Clinical Protocol.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation British Society of Echocardiography.

**Decision rationale:** Review of the records from 8/21/2013, 9/19/2013 has shown that the patient did not presented with any specific symptoms and signs on the physical exam that required the use of the 2D echo cardiogram. Therefore there is not an indication for 2D echocardiogram.

