

<b>Case Number:</b>	CM13-0066318		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 an employee of [REDACTED] and has submitted a claim for anxiety state associated with an industrial injury date of August 29, 2013. Treatment to date has included psychotherapy, antidepressants and anxiolytic. The medical records from 2013 were reviewed and showed complaints of anxiety, depression, suicidal ideation, nightmares, social withdrawal, tearfulness, and decreased libido. The patient was seen by a psychiatrist on November 4, 2013; the working diagnosis was Anxiety Disorder, unspecified, with depression, and Alcohol-Related Disorder. Psychotherapy was suggested. Utilization review dated November 26, 2013 denied the request for ICG due to the need for ophthalmology evaluation and management for the blurry vision and headache prior to further testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ICG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current uses and indications for indocyanine green angiography. Desmettre T, Cohen SY, Devoisselle JM, Gaudric A (Abstract).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Impedance Cardiography For Monitoring Changes In Cardiac Output.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Impedance cardiograph for monitoring changes in cardiac output. <http://www.ncbi.nlm.nih.gov/pubmed/23387239> ; Assessment of stroke index using impedance cardiograph: comparison with traditional vital signs for detection of moderate acute blood loss in healthy volunteers. <http://www.ncbi.nlm.nih.gov/pubmed/12153880> were used instead. Literature indicates that impedance cardiograph is a non-invasive method for continuous monitoring of cardiac output. It can also be used to detect early hemorrhagic shock and measurement of stroke index. In this case, the patient was diagnosed with Anxiety Disorder with depression. Utilization review dated November 26, 2013 showed that ICG was requested due to blurring of vision and headache. The most recent progress reports did not show objective findings or subjective symptoms referable to the ophthalmologic or cardiovascular system. The medical necessity has not been established due to lack of information. Therefore, the request for impedance cardiograph was not medically necessary per the guideline recommendations.