

Case Number:	CM13-0072240		
Date Assigned:	01/29/2014	Date of Injury:	03/06/2007
Decision Date:	06/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 a [REDACTED] employee who has filed a claim for essential hypertension associated with an industrial injury of March 06, 2007. Thus far, the patient has been treated with NSAIDs, opioids, sedatives, blood pressure medications, omeprazole, anti-depressants, muscle relaxants, lumbar spine surgery in December 2010 with subsequent infection, cortisone injections, and massages. Current medications include lisinopril, atenolol, Citrucel, miralax, and Colace. Review of progress notes reports intermittent epigastric pain worsened with food, bloating, constipation, heartburn at night, intermittent nausea, hematochezia with blood streaks outside stool, blood mixed in stool, and blood spot on toilet paper. Patient's average blood pressure is 151/97. There is also low back pain radiating to the leg with numbness and tingling. Patient denies chest pain and shortness of breath; cardiovascular and chest examination were unremarkable. Impedance cardiography was performed on November 13, 2013; results were not indicated. Utilization review dated November 20, 2013 indicates that the claims administrator denied a request for impedance cardiography (ICG) as there is no documentation regarding evaluation and treatment for hypertension or history relating to the cardiovascular respiratory system in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMPEDANCE CARDIOGRAPHY (ICG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information, Impedance Cardiography (ICG).

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. <http://www.ncbi.nlm.nih.gov/pubmed/23387239>; Assessment of stroke index using impedance cardiography: comparison with traditional vital signs for detection of moderate acute blood loss in healthy volunteers. <http://www.ncbi.nlm.nih.gov/pubmed/12153880>.

Decision rationale: CA MTUS does not specifically address this issue. Literature indicates that impedance cardiography 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, patient already had impedance cardiography on November 13, 2013. There is also note that patient will undergo 2D echocardiogram with Doppler on December 06, 2013. Results of these procedures were not indicated. There is no clear indication as to the necessity of a repeat ICG at this time, as patient is hemodynamically stable, does not present with objective findings or subjective symptoms referable to the cardiovascular system, and does not have changes in medications necessitating close monitoring. Therefore, the request for impedance cardiography was not medically necessary per the guideline recommendations.