

Case Number:	CM13-0072277		
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 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. Patient also experiences headaches 3-4 times a week. 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. There is a note that the patient will undergo 2D echo with Doppler on December 06, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D ECHO WITH DOPPLER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/books/NBK2215/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna, Echocardiogram.

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, Cigna, Echocardiogram was used instead. In this case, there is no clear indication for necessity of this procedure. The patient does not present with symptoms or findings referable to the cardiovascular system such as a consequence of hypertensive heart disease. In addition, impedance cardiography was performed in November 2013 but the results were not indicated. Therefore, the request for 2D echo with Doppler is not medically necessary and appropriate.