MAXIMUS Federal Services

Case Number:	CM14-0116154		
Date Assigned:	08/04/2014	Date of Injury:	03/27/2014
Decision Date:	09/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 58 year old male who had a work related injury on 03/27/14. He indicates that he has a continuous trauma injury from 1981-2012. He first noted onset of back symptoms in 1981. He was initially seen by a chiropractor. In June of 2008 he underwent surgical intervention in the form of a discectomy with no improvement. He underwent a 2nd back surgery in 2012 in the form of a fusion and again notes that he does not know what level, and he did not improve and he continues to complain of back and leg pain. He states he performs home exercises and at this time has retired from [redacted] due to his back. The most recent documentation submitted for review is dated 06/18/14. He complains of back pain, localized primarily to the lower lumbar spine. Distal radiation is reported into the left lower extremity. This is aggravated with his activities, as well as prolonged sitting, standing, repetitive bending and lifting. There is pain extending to the left buttock and lateral thigh and the leg pain is aggravated with sitting and standing. There is no increase in pain with valsalva type maneuvers. He has numbness in his left toes. He denies weakness or disturbance of bladder or bowel function. Physical examination lumbar flexion is accomplished to 45 degrees, extension is 10 degrees, right lateral bending is 23 degrees, and left lateral bending is 20 degrees. Palpation reveals no focal areas of tenderness. There is a 1 inch midline incision over the L5-S1 level. There is a right and left 1.5 inch paravertebral incision. Supine straight leg raise bilaterally is 80 degrees. Sitting straight leg raise bilaterally is negative. Lesegue's sign is negative bilaterally. Patellar reflex and Achilles reflex are normal active. Motor testing in the lower extremities is 5/5. Sensory exam is normal in the lower extremities and gait is normal. 5 view x-rays of the lumbar spine. There is decreased disc height at L3-4 and L4-5. There is evidence for an L5-S1 fusion. There is interbody bone grafting. There is no evidence of posterolateral bone grafting. There are pedicle screws at L5 and S1. No abnormal motion on

flexion/extension x-rays. Diagnoses status post L5-S1 Transforaminal lumbar interbody fusion. Post-laminectomy/fusion syndrome. Degenerative disc disease at L3-4 and L4-5. In review of the medical records submitted, there is no documentation that the injured worker has any type of cardiac problem. Prior peer review on 06/27/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: 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 Current Medical Diagnosis and Treatment 2012 page 1396-1397.

Decision rationale: The request for Echocardiogram is not medically necessary. The clinical information submitted does not support the request. There is no clinical documentation that the injured worker has any type of cardiac problem. Therefore, the request is not medically necessary.