

Case Number:	CM14-0116732		
Date Assigned:	08/04/2014	Date of Injury:	03/21/2008
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 60 year old female who sustained an industrial injury from 03/21/07 to 03/21/08 when she experienced elevated blood pressure as well as stress, anxiety and depression. She was seen on May 23, 2014 by the Internal Medicine Physician. She was noted to be doing well without chest pain, shortness of breath and palpitations. Blood pressure was noted to be uncontrolled. On examination, her blood pressure was noted to be 154/83 mm of Hg and her lungs were clear to auscultation. The cardiovascular examination was also normal with regular rate and rhythm without rubs or gallops. The diagnoses included blurred vision, hyperlipidemia, hypertension and anxiety/depression. The plan of care included EKG and ICG, stress echocardiogram, carotid doppler and 2 dimensional echocardiogram. The employee was also seen on June 23, 2014. She denied chest pain, shortness of breath and palpitations. She reported controlled blood pressure at home. On examination, her blood pressure was 130/76 mm of Hg, cardiovascular and respiratory examinations were normal. Medications included topical Flurbiprofen, Tramadol, topical Gabapentin, Amitriptyline and Dexamethasone, Atenolol, Felodipine, Lisinopril, Potassium and aspirin. The request was for electrocardiogram, impedance cardiography, stress echo, carotid doppler and echocardiogram.

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.cigna.com/healthwellness/hw/medical-tests/echocardiogram-hw212692>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Initial evaluation of the hypertensive adult - Uptodate.

Decision rationale: The employee was being treated for uncontrolled hypertension with Lisinopril, Atenolol and Felodipine. There is no documentation of chest pain and there are no documented signs of LV dysfunction like edema. According to the article above, routine echocardiographic evaluation of hypertensive patients is not recommended, unless there are specific indications, such as clinically evident heart failure, or if left ventricular dysfunction or coronary artery disease is suspected. Since there is no documentation of any of these in the medical records, the request for a 2D echocardiogram is not medically necessary or appropriate.

ICG: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna clinical policy guidelines.

Decision rationale: The employee was being treated for uncontrolled hypertension with Lisinopril, Atenolol and Felodipine. Her blood pressure was mostly controlled with the highest being 154/83 mm of Hg. According to above cited clinical policy bulletin, impedance cardiography is considered necessary for differentiation of cardiogenic from pulmonary causes of dyspnea, evaluation of rejection, monitoring of response to medication changes in treatment of drug resistant hypertension and fluid management in CHF. The employee didn't have drug resistant hypertension and hence the need for impedance cardiography is not established. Hence the request for ICG is not medically necessary or appropriate.

Stress Echo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cigna.com/individualandfamilies/healthandwell-being/hw/medical tests/ echocardiogram](http://www.cigna.com/individualandfamilies/healthandwell-being/hw/medicaltests/echocardiogram).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wells Askew J et al. Selecting the optimal stress test. Uptodate.

Decision rationale: The employee was being treated for uncontrolled hypertension without chest pain, shortness of breath or palpitations. There was no documented diagnosis of angina, acute

coronary syndrome, known coronary artery disease, left ventricular dysfunction or arrhythmias. According to the above article, stress testing is indicated in the presence of chest pain, angina, arrhythmias, pre-operatively in selected situations, newly diagnosed heart failure, chronic left ventricular systolic dysfunction, valvular heart disease and recent ACS. Since the employee had none of the above, the request for stress echocardiogram testing is not medically necessary or appropriate.

Carotid Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/cu/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Screening for asymptomatic carotid artery stenosis, Uptodate.

Decision rationale: The employee was being treated for uncontrolled hypertension, hyperlipidemia, depression and anxiety. Even though there is documentation of blurred vision in the diagnoses, there are no subjective complaints of blurred vision. There are no other documented symptoms or signs of TIA or stroke. There is no documentation of carotid bruit or unilateral Amaurosis Fugax. In the absence of symptoms, USPSTF, AHA and various other medical societies recommend against routine screening for asymptomatic carotid artery stenosis. Hence the request for carotid doppler is not medically necessary or appropriate.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77-78.

Decision rationale: The employee was being treated for hypertension, hyperlipidemia, depression and anxiety. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Hence, the request for a urine drug screen is not medically appropriate and necessary.