

<b>Case Number:</b>	CM14-0147250		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family Medicine and is licensed to practice in Texas and 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:

This is a 66 year old male patient who sustained an injury on 1/08/2014. The current diagnoses include posttraumatic headache, cervical sprain, mild spasm, and lumbar sprain. He sustained the injury while operating a forklift picking up equipment from a hammer machine that would drop a weight of 8,000 pounds; the machine didn't have the safety bar and the hammer dropped, breaking the forklift's handle bars, causing the patient to strike his head. According to the doctor's note dated 8/12/14, patient had chronic occipital/temporal headaches, neck pain and low back pain with radiation to the left lower extremity. Physical examination revealed BP- 148/77 mmHg, pulse 77/min, decreased cervical spine range of motion and a positive Spurling's test, tenderness and spasm over the cervical paraspinal muscles, decreased lumbar spine range of motion with paraspinal muscle tenderness, positive Straight leg raise testing and Braggard's sign. The medications list includes naproxen, omeprazole, flexeril and topical compound creams. He has had MRI brain dated 6/21/14 which revealed 8 mm possible Rathke's cleft cyst in the right pituitary gland, no gross evidence of acute intracranial injury and bilateral maxillary sinusitis or retention cysts/mucocele; ENG plus test dated 7/10/14 with normal findings; cervical MRI dated 2/25/14 which revealed multilevel degenerative disc protrusions, cervical spine, with foraminal stenosis; lumbar MRI dated 2/25/14 which revealed multilevel degenerative disc protrusions, lumbar spine, most pronounced at LS-51, with left neural foraminal stenosis. He has had PT for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG/Echocardiography: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/ AHA guidelines for the clinical application of echocardiography 2003, Cheitlin et al. 2003, ACC/AHA Practice Guidelines - Indications for Echocardiography in patients with chest pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommendations for the evaluation of left ventricular diastolic function by echocardiography. Nagueh SF, Appleton CP, Gillebert TC, Marino PN, Oh JK, Smiseth OA, Waggoner AD, Flachskampf FA, Pellikka PA, Evangelista A J Am SocEchocardiogr. 2009;22(2):107. Methodist DeBakey Heart and Vascular Center, Houston, TX, USA. Screening for Coronary Heart Disease With Electrocardiography: U.S. Preventive Services Task Force Recommendation Statement. Moyer

**Decision rationale:** Echocardiography enables dynamic evaluation of cardiac structure and function at rest and during stress provoked by exercise or a pharmacologic agent. The rationale for the request for the EKG/ Echocardiography was not specified in the records provided. Any evidence that the request was for a pre operative evaluation was not specified in the records provided Any prior lab tests including a CBC or investigations like a chest X-ray as part of the initial evaluation of the cardio vascular system, are not specified in the records provided. History of chest pain, palpitation or shortness of breath is not specified in the records provided. The medical necessity of EKG/echocardiography is not fully established in this patient in the context of this work comp injury.