

Case Number:	CM14-0153472		
Date Assigned:	09/23/2014	Date of Injury:	07/26/1989
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 1989. The applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for an echocardiogram. The claims administrator based its denial on a progress note dated August 10, 2014. On that date, the applicant reportedly had a well-controlled blood pressure of 128/84 and a weight of 240 pounds. It was stated that the applicant had hypertensive heart disease without evidence of heart failure. It was stated that the applicant had pedal edema, however. In a Medical-legal Evaluation of October 29, 2013, it was acknowledged that the applicant was not working. The applicant did have a variety of pain complaints, including wrist pain, low back pain, neck pain, and knee pain. The applicant had reportedly gained 20-25 pounds and did also report allegations of psychological stress. The applicant was reportedly using Zestril and Coumadin, it was stated on that occasion. The remainder of the file was surveyed. The bulk of the information on file comprised of chiropractic progress notes and/or notes from the applicant's primary treating provider, an orthopedist. The progress note of August 20, 2014 on which the echocardiogram at issue was sought does not appear to have been incorporated into the Independent Medical Review packet

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 base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1820912-overview#aw2aab6b2b2> Echocardiography Medscape, Echocardiography Article

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted by Medscape, indications for echocardiography include structural imaging of the pericardium to exclude pericardial effusion, the evaluation of ventricular hypertrophy, the evaluation of a wall motion abnormality, the evaluation of valvular disease, and/or the evaluation of traumatic heart disease. In this case, however, it was not clearly stated what was sought. It was not clearly what was suspected. The claims administrator's description of events suggested that the applicant had stable hypertensive disease, which is not an indication for echocardiography, per Medscape. The request, thus, is not supported by the information on file, although it is acknowledged that the clinical progress note in which the article at issue was sought was seemingly not incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.