

<b>Case Number:</b>	CM14-0174416		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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 injured worker (IW) is a 58-year-old woman with a date of injury of June 25, 2007. The mechanism of injury is not documented in the medical record. Pursuant to the most recent progress note dated August 134, 2014, the IW complains of back and leg pain. Physical examination reveals bilateral lumbosacral and severe coccygeal area tenderness. Range of motion is limited by pain and guarding. Straight leg raise test is positive bilaterally at 45 degrees. Gait is antalgic to back and right ankle pain. The IW uses a cane. The right ankle is mildly swollen. Blood pressure is 134/95. The IW has been diagnosed with L/S radiculopathy, lumbar spine pain, trochanteric bursitis, failed lumbar back syndrome, fibromyalgia/myositis, and lumbar degenerative disc disease. The provider's impressions include: Chronic work-related back and coccyx pain. She continues to be quite upset with the insurance denials for the injections. She is unable to sit for longer than 15 minutes due to her coccyx pain. Her pain has increased secondary to stress as her husband is in the hospital for pancreatitis. Current medications include Prilosec 20mg, Zofran 4mg, Norco 10/325mg, Phenergan 25mg, Zanaflex 4mg, and Ambien 10mg. Treatment plan indicates that the IW is to follow-up with her internal medicine provider to follow-up on blood pressure issues. She is to obtain new labs including CMP, CBC, and LFTs. The IW was advised to continue medications as prescribed. There was no mention of industrial related heart issues in the medical record. There was no mention of an echocardiogram in the medical record.

### 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 Other Medical Treatment Guideline or Medical Evidence: [https://web.stanford.edu/group/ccm\\_echocardio/cgi-bin/mediawiki/index.php/Indications\\_echocardiography](https://web.stanford.edu/group/ccm_echocardio/cgi-bin/mediawiki/index.php/Indications_echocardiography)

**Decision rationale:** Pursuant to the peer-reviewed evidence-based guidelines, [REDACTED] [REDACTED] Echocardiography, the echocardiogram is not medically necessary. Echocardiography, in simple terms, is a sonogram of the heart muscle. It uses standard two-dimensional, three-dimensional and Doppler ultrasound to create images of the heart. It is routinely used in the diagnosis, management and follow-up of patients with any suspected when known heart disease. In this case, the injured worker is being treated for hypertension that is managed by her internal medicine physician. This is documented in the latest progress note August 13, 2014. Blood pressure is 134/95 (borderline elevated). The impression states "The injured worker has chronic work-related back and coccyx pain. She continues to be quite upset with the insurance denials for the injections. She is unable to sit for longer than 15 minutes to the coccyx pain. Her pain is increased secondary to stress as her husband is in the hospital for pancreatitis." There is no mention of work-related hypertension or heart related issues. The treatment plan documentation states the injured worker is to follow for blood pressure issues and obtain new labs: CMP, CBC, LFTs. There is no discussion of echocardiogram. There is no rationale to perform an echocardiogram. Additionally, it is unclear from the medical record whether the hypertension predates the industrial injury sustained. The documentation does not support a causal relationship between the industrial injuries sustained, the hypertension, and the requested echocardiogram. Consequently, the Echocardiogram is not medically necessary.