

Case Number:	CM14-0178141		
Date Assigned:	10/31/2014	Date of Injury:	08/24/2011
Decision Date:	12/17/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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:

Injured worker is a female with date of injury 8/24/2011. Per secondary treating physician's progress report dated 9/12/2014, the injured worker complains of chest pain with intermittent episodes of acid reflux and no change in nausea, and abdominal pain. She also reports no change in her sleep quality. She notes headaches once a week. She denies headaches. She claims blood pressure 120s/80s mmHg and blood glucose 150 mg/dl, mostly controlled. Her medical history is remarkable for status post carpal tunnel release on 7/5/2013. On examination her blood pressure is 133/84 mmHg without medication, heart rate 83 bpm, blood glucose 125 mg/dl non-fasting, height 5 feet 6 inches and weighs 150 pounds. Examination of the eyes was unable to visualize fundus. The lungs are clear to auscultation. The heart has regular rate and rhythm with S1 and S2. No rubs or gallops are appreciated. Abdomen is soft with normal active bowel sounds, no tenderness and no distention. Extremities reveal no clubbing, cyanosis or edema. Diagnoses include 1) gastroesophageal reflux disease aggravated by work related injury 2) obstructive sleep apnea 3) diabetes mellitus, aggravated secondary to pain and stress 4) hypertension with no industrial aggravation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 2D echo with doppler for symptoms of chest pain, nausea and abdominal pain, as an outpatient.: 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: ACC/AHA Guidelines for the Clinical Application of Echocardiography, Circulation.1997; 95: 1686-1744

Decision rationale: The requesting physician reports that EKG and lab tests were done, but results are not reported. A 2D echo with Doppler and an abdominal ultrasound were performed, but results are not reported. The use of 2D echocardiogram is not addressed by the MTUS Guidelines. The requesting physician does not provide a rationale for utilizing echocardiogram for this injured worker. The cited guidelines recommend the use of echocardiography in patients with chest pain in one of the following conditions: 1. Diagnosis of underlying cardiac disease in patients with chest pain and clinical evidence of valvular, pericardial, or primary myocardial disease 2. Evaluation of chest pain in patients with suspected acute myocardial ischemia, when baseline ECG is non-diagnostic and when study can be obtained during pain or soon after its abatement 3. Evaluation of chest pain in patients with suspected aortic dissection and chest pain in patients with severe hemodynamic instability. The use of echocardiography in patients with chest pain is not recommended with the following conditions: 1. Evaluation of chest pain for which a non-cardiac etiology is apparent 2. Diagnosis of chest pain in a patient with electrocardiographic changes and diagnostic of myocardial ischemia/infarction. The medical reports do not support the use of echocardiography within the recommendations of these guidelines. The request for 1 2D echo with Doppler for symptoms of chest pain, nausea and abdominal pain, as an outpatient is determined to not be medically necessary.