

Case Number:	CM14-0183201		
Date Assigned:	11/10/2014	Date of Injury:	08/01/2001
Decision Date:	12/23/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation 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 has a date of injury 8/1/02. He sustained a low back injury status post lumbar fusion surgery which is being managed by a spine surgeon. There is also a secondary treating physician with the specialty of internal medicine who is managing diagnoses of gastroesophageal reflux disease, diabetes mellitus, sleep apnea and hypertension reportedly secondary to chronic pain and stress. The patient's vital signs are noted: blood pressure of a 109/66, blood sugar 148 nonfasting. Physical examination is noted: a soft abdomen, heart rate regular with no rubs or gallops. Notation is made of a diagnosis of left atrial enlargement based on 2-D echo with Doppler on April 1, 2014. On 9/8/14 requests are made for EKG, ICG and 2-D echo with Doppler and carotid ultrasound.

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 Harrison's Textbook of Internal Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography Indications.

Decision rationale: The injured worker is being followed for complications chronic pain and stress. Records indicate that a transthoracic echocardiogram performed on 4/1/14 provides diagnoses of left atrial enlargement and normal left ventricular systolic function. Current practice guidelines for application of echocardiography include structural imaging for suspected abnormalities of the pericardium, ventricular cavities, valves and great vessels. There are no interval physical exam findings , clinical history or clinical rationale supporting repeat echocardiogram. The request is not medically necessary.