

<b>Case Number:</b>	CM14-0021363		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Practice 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 is a 37 year old male who has had complaints of hypertension was injured in September, 2013. The utilization review dated 01/22/14 resulted in a denial for an echocardiogram as no information had been made available confirming the injured worker's diagnosis of hypertensive readings. The clinical note dated 11/08/13 indicates the injured worker having complaints of low back pain after he was lifting boxes weighing approximately 60 lbs. The clinical note dated 01/14/14 indicates the injured worker's blood pressure at 147/87 with a pulse of 82. The clinical note dated 10/30/13 indicates the injured worker reporting an injury to his low back on 09/04/13. The injured worker had complaints of numbness in the right lower extremity with prolonged standing. The injured worker also reported his leg going out on him. The MRI of the lumbar spine dated 10/17/13 revealed a paracentral disc extrusion at L5-S1. Displacement of the descending left S1 nerve root was identified with moderate to severe left lateral recess narrowing and mild spinal canal narrowing. Mild bilateral neuroforaminal narrowing was identified as well. The clinical note dated 09/04/13 indicates the injured worker's blood pressure at 156/94. The injured worker did have a reported 4/10 pain at that time.

### 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:1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

**Decision rationale:** The documentation indicates the injured worker's vital signs presenting as within normal limits. There is an indication the injured worker has been diagnosed with hypertension. However, no information was submitted regarding the injured worker's hypertensive readings. Additionally, no other cardiovascular issues had been identified in the submitted documentation. In the absence of significant findings, this request is not indicated as medically necessary based on references cited above. Therefore, the request is not medically necessary.