

<b>Case Number:</b>	CM14-0060996		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 patient is an injured worker with hypertension and lumbar back conditions. Date of injury was 09/11/2012. The consultation report dated March 24, 2014 was provided by [REDACTED]. The patient complained of lower back pain. He had an accident on September 11, 2012 in which he fell 15 feet off a ladder, injured his lower back, and broke ribs. He denied any family history of hypertension. He complains of back pain for which he is being treated with various modalities of therapy. He is currently on pain medications. Current medications were Prilosec and Vicodin. He does not smoke or drink. He denied any known history of heart disease. Review of systems was negative: endocrine no history of hyperlipidemia; heart no history of ischemic heart disease; lungs no history of asthma or emphysema; gastrointestinal no history of ulcers; rheumatologic no history of gout, lupus, or rheumatoid arthritis. He drinks 1 cup of coffee and 2-3 cans of cola a day. Vital signs were blood pressure 180/100; respiratory rate 14, pulse 80 beats per minute and regular, oxygen saturation was 97% at rest on room air. Physical examination demonstrated lungs clear, heart no murmurs, neck supple, extremities no clubbing, cyanosis or edema, alert and oriented, physical examination. Diagnoses were hypertension, obesity, history of lumbar disc disease, history of fractured ribs secondary to work accident September 11, 2012. Treatment plan included Lisinopril 20 mg daily. Utilization review decision date was 04-08-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thyroid Function Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th Edition, Disorders of the Cardiovascular System: Thyroid function testing, pages 1695-1696.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-44.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) discusses testing. The occupational health practitioner should discuss objective information about testing options, with an explanation of the sensitivity, specificity, yield, risks, and benefits. Reproducible objective findings are recommended. Inappropriate testing is not recommended. The clinician should discuss the uses and yields of tests, both appropriate and inappropriate, as well as the content, effects, mechanics, and effectiveness of proposed treatment methods. Many patients will have normal results of studies or findings consistent with age. Testing can be done to confirm clinical data. The occupational health professional managing the case must be sure that the studies are indicated and are specific and sensitive for the related condition. The Clinical Practice Guidelines for the Management of Hypertension in the Community, published in The Journal of Clinical Hypertension (January 2014) recommends blood tests for patients with hypertension. The recommended blood tests are electrolytes, fasting glucose, creatinine, blood urea nitrogen, lipids, hemoglobin, and liver function tests. No recommendation endorsing thyroid laboratory tests was made. The consultation report dated March 24, 2014 documented no history of thyroid disorders, no family history of thyroid disorders, no abnormal physical examination findings associated with thyroid disorders. There is no evidence of thyroid disorder. Medical records and clinical practice guidelines do not support the medical necessity of thyroid laboratory tests. Therefore, the request for thyroid function panel is not medically necessary.

**Echocardiogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th Edition, Disorders of the Cardiovascular System: Electrocardiography, pages 860-864 The Guide to Cardiology, 4th Edition, by Robert A Kloner, MD, Editor; 5th Edition, pages 73-76.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-44.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) discusses testing. The occupational health practitioner should discuss objective information about testing options, with an explanation of the sensitivity, specificity, yield, risks, and benefits. Reproducible objective findings are recommended. Inappropriate testing is not recommended. The clinician should discuss the uses and yields of tests, both appropriate and inappropriate, as well as the content, effects, mechanics, and effectiveness of proposed treatment methods. Many patients will have normal results of studies

or findings consistent with age. Testing can be done to confirm clinical data. The occupational health professional managing the case must be sure that the studies are indicated and are specific and sensitive for the related condition. The Clinical Practice Guidelines for the Management of Hypertension in the Community, published in The Journal of Clinical Hypertension (January 2014) states that echocardiography is not routine in hypertensive patients. The consultation report dated March 24, 2014 documented no history of heart disease. Patient denied any family history of hypertension. Cardiac review of systems was negative. There was no history of ischemic heart disease. Physical examination demonstrated lungs clear, heart no murmurs, extremities no clubbing, cyanosis or edema. There was no physical examination findings that suggests cardiac abnormalities. Echocardiography is not a routine test performed in hypertensive patients. Medical records and clinical practice guidelines do not support the medical necessity of echocardiogram. Therefore, the request for echocardiogram is not medically necessary.