

<b>Case Number:</b>	CM14-0066287		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/02/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on March 2, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated back pain indicates that there are ongoing complaints of back pain. Current medications include Senekot, Ativan, Cymbalta, pantoprazole, Percocet, Topamax, Wellbutrin, and Lisinopril. The physical examination demonstrated a positive right and left sided straight leg raise test at 60. There was tenderness over the lumbar interspaces and decreased lumbar spine range of motion. There was also an antalgic gait observed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes multiple back surgeries and the use of a spinal cord stimulator. A request had been made for an echocardiogram in a 24 hour Holter monitor and was not certified in the pre-authorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Echocardiogram:** Overturned

**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:<http://www.nlm.nih.gov/medlineplus/ency/article/003869.htm>.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has had an abnormal EKG (Electrocardiogram) and also has complaints of palpitations. Considering this, the request for an echocardiogram is medically necessary.

**24 hour Holter Monitor:** Overturned

**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: <http://www.nlm.nih.gov/medlineplus/ency/article/003877>.

**Decision rationale:** A Holter monitor is a device designed to monitor abnormal heart rhythms. The attach medical record does indicate an abnormal EKG and complaints of palpitations. Considering this, the request for a 24 hour Holter monitors medically necessary.