

Case Number:	CM14-0075317		
Date Assigned:	07/16/2014	Date of Injury:	09/24/2010
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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 Medicine and is licensed to practice in North Carolina. 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 a 58-year-old with a reported date of injury of 09/24/2010. The patient has the diagnoses of post-laminectomy syndrome of the lumbar region. Past treatment modalities have included surgical intervention, epidural injections, physical therapy and medication. Per the most recent progress notes provided by the treating physician dated 03/17/2014, the patient had complaints of low back pain with radiation to both lower extremities. Physical exam noted tender bilateral sciatic notches with decreased lumbar range of motion with no neurologic deficits. Treatment recommendations included spinal cord stimulator and cardiac clearance for an irregular heartbeat that the patient reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echo: 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.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACC/AHA guidelines for echocardiography were consulted. Per these guidelines, echocardiography has potential indication for evaluation of the following disease states: 1.Murmur and valvular heart disorders. 2.Congestive heart failure. 3.Congenital heart defects. 4.Chest pain. 5.Ischemic heart disease. 6.Cardiomypopathy and assessment of left ventricular function. 7.Pericardial disease. 8.Cardiac masses and tumors. 9.Arrhythmia. 10.Diseases of the great vessels. 11.Pulmonary hypertension. 12.Cardioembolic disease. The provided documentation only makes mention that the patient states she has irregular heartbeats. There is no provided documentation that the patient has an arrhythmia or a physical exam noting cardiac abnormalities. The patient also does not carry any of the diagnoses mentioned above. In the absence of such health issues and no physical documentation of arrhythmia either by physical exam or EKG, the need for echocardiogram has not been established and thus cannot be certified.