

<b>Case Number:</b>	CM14-0077880		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant is a 32 year-old male with a history of a work injury occurring on 07/18/13. He continues to be treated for a lumbosacral sprain/strain and bilateral lower extremity radiculopathy. Treatment has included acupuncture, physical therapy, medications, and trigger point injections. He was seen for an Internal Medicine evaluation on 04/07/14 for hypertension and gastrointestinal problems. He had several months of epigastric/abdominal pain with burning, bloating, and belching starting in October 2013 after taking medications. He had no significant past medical history. He had gained 20-25 pounds since the injury. Cardiac review of systems was negative. Medications were Tramadol, Norco soft, Aspirin, Simvastatin, Carvedilol, Omeprazole, Promethazine, and Colace. Physical examination findings included appearing in no acute distress. He had a blood pressure of 138/90 and pulse of 69. He was comfortable appearing and in no acute distress. He had epigastric tenderness without guarding or rebound and there was no distention. There was a normal cardiovascular examination. Recommendations included lab testing, an upper GI series, and a cardiac echo "to ensure that no end organ damage is present." He was seen by the primary treating provider on 04/22/14. EMG/NCS testing in March 2014 is referenced as having shown nonspecific findings. Physical examination findings included appearing depressed, anxious, and frustrated. He had a blood pressure of 128/76. He had difficulty transitioning positions and moved with stiffness and in a protected manner. He had an antalgic gait. Authorization for a lumbar spine MRI was requested. Tramadol, Prilosec, Norco soft, and Trazodone were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D Echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiogram, Year Published:2003, Cheitlin et al, 2003, ACC/AHA Practice Guidelines - Indications for Echocardiography in Patients with Chest Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cheithn MD, Armstrong WF, Aurigemma GP, Beller GA, Bierman FZ, Davis JL. ACC/AHA/ASE 2003 Guideline Update for the Clinical Application of Echocardiography: summary article. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/ASE Committee to Update the 1997 Guidelines for the Clinical Application of Echocardiography). J Am Soc Echocardiogr. Oct 2003;16 (10):1091-110.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for a lumbosacral sprain/strain and bilateral lower extremity radiculopathy. In this case, the claimant is asymptomatic with a normal cardiac examination. A normal blood pressure is documented by the primary treating provider. He does not meet criteria for a diagnosis of hypertension. There are no findings that would support the need for obtaining a cardiac echo. Therefore, this request is not medically necessary.