

<b>Case Number:</b>	CM14-0171399		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/05/2004
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Maryland. 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 employee was a 58 year old male with a date of injury of 09/05/2004. The progress note from 08/08/14 was reviewed. He had abdominal pain, acid reflux, unchanged sleep quality and blood pressure. Objective findings included a blood pressure of 124/81, weight of 228 Lb, tenderness over lumbosacral spine with decreased range of motion. The diagnoses included abdominal pain, gastropathy secondary to NSAIDs, hypertension, rule out irritable bowel syndrome, rectal bleeding, shortness of breath, lumbar spine pain radiating to bilateral lower extremities and sleep disorder. His previous symptoms from June 2014 included abdominal pain, acid reflux, nausea, vomiting and rarely bright red blood per rectum. An EGD and colonoscopy in April 2014 showed distal esophagitis, scattered diverticula and small internal hemorrhoids. He had an echocardiogram in 2009 that showed trace mitral regurgitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One EKG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Medical management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Aug, page 1

**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.uptodate.com/contents/overview-of-hypertension-in-adults?source=machineLearning&search=hypertension&selectedTitle=1~150&sectionRank=2&anchor=H4502595#H21>

**Decision rationale:** The employee was a 58 year old male with a date of injury of 09/05/2004. The progress note from 08/08/14 was reviewed. He had abdominal pain, acid reflux, unchanged sleep quality and blood pressure. Objective findings included a blood pressure of 124/81, weight of 228 Lb, tenderness over lumbosacral spine with decreased range of motion. The diagnoses included abdominal pain, gastropathy secondary to NSAIDs, hypertension, rule out irritable bowel syndrome, rectal bleeding, shortness of breath, lumbar spine pain radiating to bilateral lower extremities and sleep disorder. His previous symptoms from June 2014 included abdominal pain, acid reflux, nausea, vomiting and rarely bright red blood per rectum. An EGD and colonoscopy in April 2014 showed distal esophagitis, scattered diverticula and small internal hemorrhoids. He had an echocardiogram in 2009 that showed trace mitral regurgitation. According to the article above, an EKG is indicated in patients with newly diagnosed hypertension. There is no documentation of prior EKG and hence the request for EKG is medically necessary and appropriate.

**One 2D echo with doppler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rotaeche R, Aguirrezabala J, Balague L, Gorrnogoltia A, Idarreta I, Marinelarena E, Mozo C, Ruiz de Velaso E, Torcal J. Clinical Practice Guidelines on arterial hypertension. 2007 update. Victoria-Gasteiz: Basque Health Systems-Osakidetza;2008, page 135

**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.uptodate.com/contents/overview-of-hypertension-in-adults?source=machineLearning&search=hypertension&selectedTitle=1~150&sectionRank=2&anchor=H4502595#H21>

**Decision rationale:** The employee was a 58 year old male with a date of injury of 09/05/2004. The progress note from 08/08/14 was reviewed. He had abdominal pain, acid reflux, unchanged sleep quality and blood pressure. Objective findings included a blood pressure of 124/81, weight of 228 Lb, tenderness over lumbosacral spine with decreased range of motion. The diagnoses included abdominal pain, gastropathy secondary to NSAIDs, hypertension, rule out irritable bowel syndrome, rectal bleeding, shortness of breath, lumbar spine pain radiating to bilateral lower extremities and sleep disorder. His previous symptoms from June 2014 included abdominal pain, acid reflux, nausea, vomiting and rarely bright red blood per rectum. An EGD and colonoscopy in April 2014 showed distal esophagitis, scattered diverticula and small internal hemorrhoids. He had an echocardiogram in 2009 that showed trace mitral regurgitation. According to the article above, echocardiography is indicated in patients with clinically evident heart failure or if left ventricular dysfunction or coronary artery disease is suspected. The clinical

notes have no documentation of suspicion of above conditions. Hence the request for echocardiography is not medically necessary or appropriate.

**One abdominal ultrasound:** 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: <http://www.uptodate.com/contents/approach-to-the-adult-with-dyspepsia?source=machineLearning&search=dyspepsia&selectedTitle=1~150&sectionRank=3&anchor=H63380126#H63380082>

**Decision rationale:** The employee was a 58 year old male with a date of injury of 09/05/2004. The progress note from 08/08/14 was reviewed. He had abdominal pain, acid reflux, unchanged sleep quality and blood pressure. Objective findings included a blood pressure of 124/81, weight of 228 Lb, tenderness over lumbosacral spine with decreased range of motion. The diagnoses included abdominal pain, gastropathy secondary to NSAIDs, hypertension, rule out irritable bowel syndrome, rectal bleeding, shortness of breath, lumbar spine pain radiating to bilateral lower extremities and sleep disorder. His previous symptoms from June 2014 included abdominal pain, acid reflux, nausea, vomiting and rarely bright red blood per rectum. An EGD and colonoscopy in April 2014 showed distal esophagitis, scattered diverticula and small internal hemorrhoids. He had an echocardiogram in 2009 that showed trace mitral regurgitation. According to the above article, ultrasound is the diagnostic procedure of choice for imaging the hepatobiliary system in patients with right upper quadrant pain. The employee had abdominal pain, acid reflux and irritable bowel syndrome. There were no significant objective findings of biliary disease. Hence the request for ultrasound abdomen is not medically necessary or appropriate.