

Case Number:	CM14-0176816		
Date Assigned:	10/30/2014	Date of Injury:	11/14/2013
Decision Date:	01/29/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 injured worker (IW) is a 56-year-old man with a date of injury of November 14, 2013. The mechanism of injury occurred when the IW was installing carpet. He sustained injuries to his back and knee. The injured worker's working diagnoses are lumbar radiculopathy; MRI findings of disc herniation at L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1; chronic pain syndrome; hypertension; and remote history of lumbar spine surgery 20 year ago. The treating physician indicates in his documentation hypertension is related to the industrial injury. Blood pressure on June 16 of 2014 was 161/93 and a blood pressure on September 8, 2014 was 132/81 with a heart rate of 83. The documentation shows the injured worker was taking amlodipine (a blood pressure medicine). The documentation does not state whether the amlodipine was prescribed and being taken prior to the date of injury. An EKG was performed January 7, 2014. The results were documented as sinus rhythm. Left axis deviation. Left anterior fascicular block. QRS-t contour abnormality consistent with septal infarct, probably old. An echocardiogram was performed on January 7, 2014 for evaluation of the abnormal EKG. The echocardiogram demonstrates normal left ventricular function. Ejection fraction (EF) of 60% with mild mitral regurgitation. No wall motion abnormality noted. Pursuant to the progress note dated October 3, 2014, the IW presented for a follow-up. Physical examination reveals blood pressure: 113/76, pulse rate: 88. The current request is for 2D echocardiogram with Doppler.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D (Two dimensional) Electrocardiogram with Doppler imaging: 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

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/echocardiogram_92,p07969/ Johns Hopkins Medicine, Schocardiogra.

Decision rationale: Pursuant to the evidence-based guidelines (see attached link), 2D echocardiogram with Doppler is not medically necessary. An echocardiogram is a noninvasive procedure used to assess the hearts function and structures. See attached link for indications and specifics. In this case, the injured worker had electrocardiogram on January 7, 2014. The EKG report is not in the medical record, however, the EKG results was documented in January 7, 2014 progress note. The EKG showed sinus rhythm, left axis deviation, left anterior fascicular block, and QRS-T contour abnormality consistent with septal infarct, probably old. 12 lead EKG was not in the medical records to review. The injured worker had an echocardiogram performed. It was documented in a January 7, 2014 progress note and was normal. It showed normal left ventricular function, ejection fraction 60%, mitral regurgitation mild with noble abnormalities. The injured worker is a 56-year-old man with a date of injury November 14, 2013. The treating physician indicates in his documentation that hypertension is related to the industrial injury. There is no evidence in the medical record to establish a causal link between hypertension and the back and knee injury while installing carpet. Blood pressure on June 16 of 2014 was 161/93 and a blood pressure on September 8, 2014 was 132/81 with a heart rate of 83. Latest BP on October 3, 2014 is 113/76 with heart rate 88. The documentation shows the injured worker was taking amlodipine (a blood pressure medicine). The documentation does not state whether the amlodipine was prescribed and being taken prior to the date of injury. There is no documentation in the medical record to support a second echocardiogram with or without a Doppler based on the clinical symptoms, in addition to, the echocardiogram already being performed as part of a medical clearance on January 7 of 2014 that was normal. There is no repeat electrocardiogram performed and, as noted previously, the original electrocardiogram was not present for reviewing the medical record. Consequently, 2 D echocardiogram with Doppler is not medically necessary.