

<b>Case Number:</b>	CM14-0183160		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

### 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 is a 67 year old male, who sustained an industrial injury on August 1, 2001. He has reported a slip and fall accident, causing injury to his right leg, right knee, and low back. The diagnoses have included gastroesophageal reflux disease, diabetes, left atrial enlargement, and hypertension. Treatment to date has included multiple back surgeries, medications, and laboratory evaluations. Currently, the IW complains of continued back pain with radiation down the left leg. Physical examination reveals well healed surgical scars on the lumbar spine region, tenderness is noted and he has difficulty going from a seated position to a standing position. On October 21, 2014, Utilization Review non-certified impedance cardiography - ICG test, based on non-MTUS guidelines. On November 3, 2014, the injured worker submitted an application for IMR for review of impedance cardiography - ICG test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Impedance cardiography - ICG test:** 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 Medscape Internal Medicine 2014- Impedence cardiography

**Decision rationale:** There is no specific indication for Impedence cardiography. According to Medscape Internal Medicine, Impedance cardiography (ICG), also referred to as electrical impedance plethysmography (EIP), has been researched since the 1940s. NASA helped develop the technology in the 1960s. The use of impedance cardiography in psychophysiological research was pioneered by the publication of an article by Miller and Horvath in 1978. Subsequently, the recommendations of Miller and Horvath were confirmed by a standards group in 1990. A comprehensive list of references is available at ICG Publications. With ICG, the placement of four dual disposable sensors on the neck and chest are used to transmit and detect electrical and impedance changes in the thorax, which are used to measure and calculate hemodynamic parameters. If indicated a transthoracic echocardiogram would provide significant clinical data regarding the claimant's cardiac function. Medical necessity for the requested item has not been established. The requested item is not medically necessary.y necessary.