

<b>Case Number:</b>	CM14-0188679		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 New York. 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 44 year old male who sustained an industrial injury on 05/21/2012. The mechanism of injury was not provided for review. His diagnosis is spinal stenosis without neurogenic claudication, lumbar facet arthropathy, and lumbar disc herniation. He continues to complain of low back pain. On physical exam there is decreased range of lumbar motion to 60-70% with guarding. Motor and sensory exams are normal. Treatment has included medical therapy with narcotics and lumbar facet injections. The treating provider has requested M-mode and 2D echo with doppler, and electrocardiogram, a rhythm ECG, and total body plethysmography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**M-Mode and 2D Echo w/Doppler:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation ACC/AHA Guidelines for Cardiac Imaging 2012

**Decision rationale:** There is no documentation provided indicating the need for transthoracic echocardiography with Doppler. Per the presented documentation there is no history of a heart

murmur, history of hypertension, diabetes or previous cardiac disease. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Electrocardiogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Medscape Internal Medicine: Preoperative Assessment for Non-cardiac Surgery 2013

**Decision rationale:** There is no indication for a 12 lead electrocardiogram at this time. There is no documentation of any cardiac evaluation in the medical record. There is no indication for an electrocardiogram at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Rhythm ECG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title: Ambulatory blood pressure and cardiac rhythm disturbances in elderly hypertensives: relation to left ventricular mass and filling pattern. Age ageing. 1996 mar; 25(2): 155-8. Colivicchi F1, Guerrera C, Melina G, Bevilacqua E, Melina D

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Medscape Internal Medicine: Preoperative Assessment for Non-cardiac Surgery 2013

**Decision rationale:** There is no history of any documented cardiac arrhythmia. There is no documentation of any cardiac evaluation in the medical record. There is no indication for a rhythm electrocardiogram at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Total body plethysmography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Respir Med 2011 July;105(7):959-71. doi:10.1016/j.rmed.2011.02.006 pub 2011 Feb 26. Title: Body plethysmography- its principles and clinical use

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine- Plethysmography 2012

**Decision rationale:** There is no documentation provided necessitating the request for total body plethysmography. Per Medscape Internal Medicine, plethysmography is a noninvasive technique

for measuring the blood flow to an organ, body region, or limb. Total body plethysmography is used to measure total lung capacity and functional residual capacity of the lungs. Plethysmography is used as the sole diagnostic modality to diagnose deep vein thrombosis and arterial occlusive disease. There is no documented history of deep venous thrombosis, circulatory or active cardiovascular symptoms. Medical necessity for the requested item has not been established. The requested item is not medically necessary.