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| Case Number: | CM14-0190184 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 02/07/2005 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 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 50 years old male who sustained an industrial injury on 02/07/2005. The mechanism of injury occurred when he was working as a driver and his car was rear ended causing a strain to his upper back and a whip lash injury to his neck. He was scheduled for an anterior cervical fusion and discectomy at C4-5, and C5-6 with iliac aspiration, bone graft, interbody cage C4-5, C5-6 with cervical plating. He underwent surgical clearance on 10/06/2014 and the per the documentation his exam revealed a normal blood pressure of 115/56, normal heart and lung exam, and the EKG revealed normal sinus rhythm, RSR in V1 and V2 consistent with right ventricular intraventricular conduction delay. The treating provider requested a 2D echocardiogram.

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 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: ACC/AHA Guidelines for Cardiac Imaging 2012

Decision rationale: There is no documentation provided necessitating the requested 2D echocardiogram. The claimant has no history of cardiovascular disease and had a normal physical exam without any documented heart murmur. The EKG is without any acute ischemic changes or arrhythmia. The claimant has no personal history of any coronary artery disease and no vascular risk factors such as smoking, hypertension, hypercholesterolemia or diabetes. A transthoracic echocardiogram is not a required study for pre-operative assessment for non-cardiac surgical procedures. Medical necessity for the requested item was not established. The requested item was not medically necessary.