

<b>Case Number:</b>	CM14-0067510		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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: California, Indiana, 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 59 year old male, who sustained an industrial injury on December 12, 2003. He has reported low back injury. The diagnoses have included lumbosacral degenerative disc disease, and paroxysmal atrial fibrillation. Treatment to date has included cardioversion, event monitor, stress test, and echocardiogram. Currently, the IW complains of fatigue, palpitations and fast heart rate. The records indicate the symptoms only occur one time every couple of years. Even monitoring is noted to reveal sinus rhythm and single premature ventricular contraction. Stress testing and an echocardiogram were shown to be within normal limits. On April 21, 2014, Utilization Review non-certified a reveal implant, based on non-MTUS guidelines. On May 12, 2014, the injured worker submitted an application for IMR for review of reveal implant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reveal Implant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/24332138>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://europace.oxfordjournals.org/content/11/5/671>

**Decision rationale:** Pursuant to Oxford Journal, reveal implant (an implantable Loop recorder) is not medically necessary. An implantable Loop recorder is an electrocardiographic monitoring device used for diagnosis in patients with unexplained episodes of management (diagnosis and treatment) of transient loss of consciousness (T-LOC). In this case, the injured worker's working diagnosis is atrial fibrillation. Documentation from February 4, 2014 contained a summary from the treating cardiologist. The record states the injured worker was diagnosed in 1990 with symptoms of palpitations work. He was found to be in atrial fibrillation with a rapid ventricular response he went to the emergency room and was cardioverted. He had a similar episode in 2000 and was cardioverted at that time. In 2010, he had a third episode that required cardioversion. After that last episode, the injured worker has been having intermittent short episodes of palpitations that feel like short episodes of SVT. The injured worker refused anticoagulants. The treating provider documented there were no arrhythmias recently and recommended against an electrophysiologic study. The treating physician indicated the patient's symptoms occur once every couple of years. Prolonged monitoring or frequent monitoring may be used to detect atrial fibrillation. The typical modalities of monitoring include electrocardiogram, 24-hour hold the monitor, and event monitor. The injured worker was recently monitored for a week and noted sinus rhythm and a single PVC when this patient noted palpitations and a rapid heart rate. Treadmill stress testing was also noted to be normal. The patient's symptoms include fatigue at the end of the day with occasional palpitations. There is no documentation of episodes of shortness of breath or syncopal episodes that would be concerning and associated with the palpitations that would support an implantable recorder when noninvasive testing to include a seven day, 24 hour monitor, treadmill, stress tests and electrocardiogram were unremarkable. The documentation contained two orthopedic progress notes. The injured worker was being treated for low back pain with a diagnosis of the generated this disease at L4; L5; L5; S1. The documentation is unclear as to how palpitations and prior evidence of atrial fibrillation with rapid ventricular response are work related. There is no documentation evidencing palpitations, atrial fibrillation are work-related. Consequently, absent additional clinical documentation supporting palpitations/atrial fibrillation as a work-related injury and a clinical rationale for an implantable loop recorder in the absence of syncope with a recent one week work up that noted sinus rhythm and a single PVC despite the presence (subjectively) of palpitations and a rapid heart rate, the revealed implant is not medically necessary.