

<b>Case Number:</b>	CM15-0005306		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 51-year-old male with an industrial injury dated 05/28/2009. The mechanism of injury is documented as a fall backward striking his head and back. He was started on therapy but it was discontinued due to MRI of the lumbar spine revealing a fracture. The most current record is dated 08/18/2014. The injured worker was complaining of back pain radiating to both legs. The thoracolumbar spine was non - tender to palpation. Straight leg raising was negative bilaterally. Prior treatments include physical therapy, medications and injections to his back. Diagnoses include Healing sacral fracture; Lumbar spine discopathy; Heat trauma with resultant cephalgia. The request for authorization is listed below. On 01/05/2015 the request for cardiolute testing and echocardiogram was non-certified by utilization review. MTUS, ACOEM and ODG do not address the request for Cardiolute. Alternate guideline was referenced. (<http://www.ncbi.nlm.nih.gov/pubmed/1533887> and Gosiewska-Marcinkowska EL.) MTUS, ACOEM and ODG do not address the request for 2 D echocardiogram. Alternate guideline was referenced. ([http://www.ncbi.nlm.nih.gov/pubmedhealth/ A.D.A.M](http://www.ncbi.nlm.nih.gov/pubmedhealth/A.D.A.M) Medical Encyclopedia.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardiolute, 2D echocardiogram:** 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.gov/pubmed/1533887>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date guidelines, cardiovascular testing.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested services. Per the up-to date medical guidelines, cardiolute scanning and echocardiogram is used in the evaluation of heart disease or suspected heart disease as well as measuring heart function. There is no mention in the provided clinical documentation that the patient has primary cardiovascular diseases or suspected disease. Therefore, these medical procedures are not warranted and the request is not certified.