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| <b>Case Number:</b>   | CM15-0143747 |                              |            |
| <b>Date Assigned:</b> | 08/04/2015   | <b>Date of Injury:</b>       | 03/06/2007 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 07/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2007. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for a 2D echocardiogram. The claims administrator referenced an RFA form received on July 2, 2015 in its determination, along with an associated progress note dated June 1, 2015. The applicant's attorney subsequently appealed. On said June 1, 2015 progress note, the applicant presented to follow up on issues with hypertension, abdominal pain, reflux, and alleged sleep disturbance. The applicant's blood pressure was apparently elevated at 153/110. It was suggested that the applicant had not taken his blood pressure medication on this date. The note was somewhat blurred as a result of repetitive photocopying. A 2D echocardiogram, upper GI series, abdominal ultrasound, and carotid ultrasound were all ordered without any supporting rationale. The applicant was using Zestril, Tenormin, Citrucel, Colace, MiraLax, and Flexeril, it was reported. The attending provider referenced an earlier EKG and ICG testing of April 28, 2015, both of which were interpreted as normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Dimensional 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.nih.gov/pubmed/3751862>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation British Society of Echocardiography [http://www.bsecho.org/indications-for-echocardiography/Indications for Echocardiography](http://www.bsecho.org/indications-for-echocardiography/Indications%20for%20Echocardiography).

**Decision rationale:** No, the request for a 2D echocardiogram is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the British Society of Echocardiography (BSE) notes that echocardiography is "not indicated" in the routine assessment of hypertension and/or in the assessment of left ventricular function in asymptomatic applicants with hypertension. Rather, the BSE suggests reserving echocardiography for applicants with actual suspected left ventricular dysfunction. Here, however, the applicant was seemingly asymptomatic as of the June 1, 2015 office visit in question. The applicant did not apparently have issues with shortness of breath and/or lower extremity edema which might have called into question possible left ventricular dysfunction. It appeared, thus, that the attending provider was in fact performing echocardiography for routine assessment purposes on an asymptomatic individual with hypertension. Such usage, however, ran counter to the BSE position on usage of echocardiography for routine assessment purposes in asymptomatic individuals. Therefore, the request is not medically necessary.