

<b>Case Number:</b>	CM15-0160273		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

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 61 year old male who sustained an industrial injury on 7-20-14. His initial complaint was "immediate pain at this left thumb where he had bleeding". The nature of the injury sustained was a needle stick when he was gathering trash. He immediately reported the incident and was referred to the emergency department for evaluation. An injection to counter Hepatitis B was administered and he was given a one-month course of an anti-HIV medication. On 9-30-14, he sustained another industrial injury as he was lifting a heavy object overhead. The object slipped, causing him to be "drawn sideways and backwards". He complained of immediate pain in his lower back and numbness along the left leg to the foot. He was referred to a medical provider for examination. X-rays were taken of his lower back and he was referred to therapy and prescribed medications. He reported that these treatments were "not helpful". Within a week, he complained of pain in his left groin that extended to his testicles. An ultrasound of the left groin was completed and he was found to have a left inguinal hernia. Surgery was scheduled for February 2015. The injured worker was provided with a cane and back brace. He also had two analgesic injections, which were noted not to be helpful. On 12-23-14, and MRI was completed of his lower back, which revealed "4 millimeter disc bulges and an annular tear at L2-L3". On the 1-8-15 PR-2, it indicates that the injured worker "reports no change in his chest pain, worsening acid reflux, worsening abdominal pain, and unchanged headache pressure". On exam, his cardiac status was noted to have "regular rate and rhythm, S1 and S2", as well as "no rubs or gallops appreciated". The report indicates "Industrial-Related Diagnoses" of abdominal pain, acid reflux, chest pain, cephalia, sleep disorder - rule out

obstructive sleep apnea, and psychiatric diagnosis (referred to the appropriate specialist). Diagnostic studies "needed" were noted to be an EKG, pulmonary function tests, stress echocardiogram, chest x-ray, abdominal ultrasound, and sleep study - all of which were noted to be "pending". Other treatment recommendations included a referral to an ENT specialist to rule out industrial causation of tinnitus, psychiatric consultation, and a neurological referral for "positive brain MRI". Additional treatment notes indicated that prior diagnostics included a 2D echocardiogram, MRI of the brain, upper GI, a carotid ultrasound, and laboratory studies. On the 1-21-15 Primary Treating Physician's Initial Evaluation Report, the injured worker complained of pain in his lower back, as well as left leg and lower extremity. He described the pain as a "continuous dull to sharp varying pain", which was located at the waistline, radiating to the left buttocks, along the leg to the foot. He was noted to have continuous tingling along the left leg and foot with "varying levels of numbness at the left foot to the point that he is not aware of wearing a shoe on that foot". Thoracic and lumbosacral x-rays were obtained. He was diagnosed with lumbar spine strain with degenerative disc disease, rule out lumbar radiculopathy and left thumb wound, as per internal medicine. The treatment plan was for EMG-NCV studies of the lower extremities, a urological evaluation due to urinary symptoms or incontinence, a pain management referral and treatment, physical therapy, and medications. It was noted in the history that the injured worker sustained a previous industrial injury to the upper back and left rib cage in 1993 due to a fall. This case was noted to be closed and he was noted to have "recovered completely". The injured worker underwent EMG-NCV and abdominal ultrasound studies per recommendations. He was not noted to have cardiac complaints, again, until 7-9-15. On that date the report states that he noted "worsened epigastric abdominal pain", as well as "worsening anxiety and chest pain". The cardiac examination was unchanged. The report indicates that the pulmonary function test and stress echocardiogram were "pending". He was advised to follow a low fat, low acid, low cholesterol, low glycemic, low sodium diet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Stress echo test:** Overturned

**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>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5310 and version 10.0.

**Decision rationale:** There are specific indications for stress echocardiography. They include evaluation of patients with known or suspected coronary artery disease or assessment of myocardial viability [done by utilizing dobutamine to evaluate for hibernating myocardium, or myocardium with depressed contractility secondary to impaired coronary blood flow. It is also utilized to evaluate for pulmonary hypertension, mitral valve disease, or aortic stenosis. Lastly, it is used in order to evaluate for left ventricular outflow tract gradients, mitral regurgitation, and pulmonary hypertension in patients who have hypertrophic cardiomyopathy. The above patient is a 61 year old male with complaints of chest pain that have not been diagnosed. He has no marked abnormality on his cardiac exam. However, he is a male and his age of 61 both make

him at risk for myocardial ischemia. It is not uncommon to have a normal exam when a patient with angina is asymptomatic. It is indicated in this patient to test for coronary artery disease and the stress echo test is a very appropriate test for this. Therefore, the UR decision is overturned. The request is medically necessary.