

<b>Case Number:</b>	CM15-0160439		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/10/2015
<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 53 year old male who sustained an industrial-work injury on 4-1-10. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbago. Treatment to date includes medication, surgery, and diagnostics. Currently, the injured worker complained of back pain rated 6-7 out of 10 with stiffness, numbness in the right and left leg, and weakness. Per the primary physician's report (PR-2) on 8-6-15, exam notes normal gait and posture, muscle strength is 5- out of 5, muscle spasms, decreased flexion, normal side bending and rotation with pain, moderate weakness in the L4-S1 distribution that has worsened from last evaluation. The lumbar exam notes positive FABER maneuver right, positive Gainslen's maneuver bilateral, positive Patrick's maneuver bilateral, positive pelvic rock maneuver bilateral and positive stork test bilateral and point tenderness over the S1 joint. The patient also had a visit with his cardiologist on 2/13/15 and it was noted that he had gained 16 pounds from inactivity. His EKG was benign. His echocardiogram showed diastolic dysfunction and moderate aortic regurgitation. The Cardiologist noted that he wanted to see the patient in 6 months in order to check for any progression of his aortic root dilatation and aortic regurgitation. The requested treatments include repeat Echocardiogram, repeat EKG (electrocardiogram), and office visit x1 with Cardiologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Echocardiogram: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5322 and topic 10.0.

**Decision rationale:** Echocardiography is a very common tool in cardiology. Its primary use is to determine LV chamber size and systolic function. It is also utilized to assess left ventricular mass and wall motion. Echo is also very beneficial in the study of the anatomy and function of the cardiac valves. The above worker has moderate aortic regurgitation, and the Cardiologist wanted to see him in 6 months to check for progression of disease. Echocardiography is one of the tools utilized to check for valve function and is indicated in order to monitor the disease. The UR decision is overturned.

**Repeat EKG: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 2115 and version 14.0.

**Decision rationale:** Even though there are new technologies being developed for cardiac diagnostic evaluation, the EKG retains its central role. The EKG is the most important test for interpretation of cardiac rhythm or conduction system abnormalities, and the detection of cardiac ischemia. It is also of great value in the evaluation of such entities as valvular heart disease, cardiomyopathy, pericarditis, and the detection of metabolic abnormalities. The patient's Cardiologist desired to see him in 6 months in order to check for progression of his aortic regurgitation murmur and cardiac disease. The EKG is one of the tools to follow valvular murmurs and to assess for any secondary problems such as arrhythmias or ischemia. The UR decision is overturned.

**Office Visit x1 with Cardiologist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): Ch 2 page 22 and ch 9 page 29.

**Decision rationale:** The initial assessment should screen for findings that could suggest serious pathology. These findings are called red flags and may need an urgent consultation from a physician specially trained in the implicated area of danger. In the case of shoulder pathology, physical exam and history that may indicate such pathology as a septic joint, neurological compromise, or cardiac, or intrabdominal disease may need urgent referral to a specialized consultant. The above patient has a history of aortic regurgitation, which needs to be followed by periodically examining the patient, and doing periodic EKG and Echo of the heart. The Cardiologist is the appropriate person to follow such a patient and it is medically appropriate to have him see the patient periodically. The referral is justified and in the best interest of the patient. The UR decision is overturned.