

Case Number:	CM15-0163170		
Date Assigned:	08/31/2015	Date of Injury:	01/17/2006
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 39 year old man sustained an industrial injury on 1-17-2006. The mechanism of injury is not detailed. Diagnoses include gastroesophageal reflux disease, constipation and diarrhea, hypertension with hypertensive retinopathy, obstructive sleep apnea, and hyperglycemia. Treatment has included oral medications. Physician notes on a PR-2 dated 6-3-2015 show complaints of worsening acid reflux, sleep quality, diarrhea and constipation, and improving blood pressure. Recommendations include urine drug screen, laboratory testing, body mass index, electrocardiogram, 2D echocardiogram with Doppler, carotid ultrasound, cardio-respiratory testing, stress echocardiogram, Atenolol, Dexilant, Gaviscon, Citrucel, Colace, Simethicone, Lovaza, Tricor, Crestor, Probiotics, Aspirin, Diovan, weight loss, sleep hygiene, and increase fluid intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D Echo with Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography Year Published: 2003.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography Writing Group, Technical Panel, Appropriate Use Criteria Task Force. ACCF/ASE/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate use criteria for echocardiography. J Am Coll Cardiol 2011; 57(9): 1126-1166.

Decision rationale: An echocardiogram is a study that uses sound waves to look at the heart. The MTUS Guidelines are silent on this issue. The 2011 Appropriate Use Criteria for Echocardiography guidelines were assembled by the American College of Cardiology Foundation, the American Society of Echocardiography, and eight other key specialty and subspecialty societies. The 2011 Guideline recommendations were extensive. The most common indications for this type of testing include symptoms or findings that suggest a problem with the heart, prior testing showed findings that were concerning for heart disease, symptoms or findings that suggest a problem with a heart valve(s), and a concern for heart failure. The literature does not support routinely monitoring those with high blood pressure with this study. The submitted and reviewed documentation indicated the worker was experiencing pelvic pain, pain where the spine meets the pelvis, pain at the base of the back, left buttock pain, right leg pain with numbness and tingling, problems sleeping, dizziness, and anxious moods. There was no discussion suggesting the worker had any symptoms or findings suspicious for a heart problem or any of the other above criteria or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a two-dimensional echocardiogram with Doppler is not medically necessary.