

Case Number:	CM15-0167537		
Date Assigned:	09/08/2015	Date of Injury:	11/01/2006
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York

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 45 year old male, who sustained an industrial injury on 11-1-06. He reported neck and low back pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy and disc disorder of the lumbar region. Treatment to date has included anterior cervical discectomy and fusion at C3-6 on 6-14-11 with removal of hardware on 9-16-14, left L4-5 and L5-S1 hemi laminectomy and facetectomy in August 2008, trigger point injections, and medication. A physician's report dated 6-26-15 noted hypertension and angina. The injured worker's blood pressure was noted to be well controlled with Atenolol and the heart rate and rhythm were normal without murmurs, gallops, or rubs. Currently, the injured worker complains of back, neck, left leg, and left foot pain. The treating physician requested authorization for an echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014; Echocardiogram indications.

Decision rationale: Per Medscape internal Medicine, the ACC, the AHA, and the American Society of Echocardiography (ASE) have published detailed practice guidelines for the clinical application of echocardiography. More recently, these and other bodies have collaborated to establish appropriate use criteria for echocardiography. The indications of echocardiography may be divided into structural imaging and hemodynamic imaging. Indications for structural imaging include the following: structural imaging of the pericardium (e.g., to exclude pericardial effusion), structural imaging of the left or right ventricle and their cavities (e.g., to evaluate ventricular hypertrophy, dilatation, or wall motion abnormality; to visualize thrombi), Structural imaging of the valves (e.g., mitral stenosis, aortic stenosis, mitral valve prolapse; see the first image below), structural imaging of the great vessels (e.g., aortic dissection) and structural imaging of atria and septa between cardiac chambers (e.g., congenital heart disease, traumatic heart disease. The indications for hemodynamic imaging through Doppler techniques include the following: Imaging of blood flow through heart valves (e.g., valvular stenosis and regurgitation; see the image below), Imaging of blood flow through the cardiac chambers (e.g., cardiac output calculation, assessment of diastolic and systolic function of the heart) and Tissue Doppler imaging of heart structures. In this case, an echocardiogram was recommended by an Internal Medicine consultant over one year ago. The study was not obtained at that time and there is no specific documentation indicating the need for the study at this time. Medical necessity for the requested item is not established. The requested item is not medically necessary.