

Case Number:	CM15-0205142		
Date Assigned:	10/22/2015	Date of Injury:	10/06/2009
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 66-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 6, 2009. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for an echocardiogram. An August 24, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 7, 2015, the applicant reported ongoing complaints of neck pain. The applicant's medications included tramadol, Flexeril, and capsaicin, several of which were renewed and/or continued. The applicant had undergone earlier failed cervical spine surgery, the treating provider reported. There was no seeming mention of the need for echocardiography on this date. On April 6, 2015, the applicant was described as having ongoing issues with depression, obstructive sleep apnea, and pain disorder with an associated Global Assessment of Functioning (GAF) of 60. The applicant was not working, the applicant's psychologist reported. On August 24, 2015, the applicant reported issues with neck pain, back pain, headaches, and shoulder pain. The applicant had a history of hypertension, it was reported. The applicant also reported issues with depression and sleep disturbance. An EKG, echocardiogram, body weight composition testing, and a Sudoscan were endorsed. There was no mention of the applicant's having any issues with chest pain or shortness of breath at this point.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19258174>Echocardiography-guided interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bsecho.org/indications-for-echocardiography> / Indications For Echocardiography.

Decision rationale: No, the request for an echocardiogram was 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 recommended for routine assessment purposes and/or to assess left ventricular function in asymptomatic applicants with hypertension as was seemingly the case here on the August 24, 2015 office visit at issue. There was no mention of the applicant having any issues with chest pain, shortness of breath, dyspnea, etc., on the date in question. Routine usage of echocardiography was not, thus, indicated in this asymptomatic applicant, per the BSE. Therefore, the request was not medically necessary.