

<b>Case Number:</b>	CM15-0027869		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/25/2002
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 Jersey  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 08/06/2005. He has reported palpitations and high blood pressure. The diagnoses have included paroxysmal supraventricular tachycardia, cervicgia, and hypertension. Treatment to date has included medications. Medications have included Atenolol and Aspirin. A progress note from the treating provider, dated 12/26/2014, documented a follow-up visit with the injured worker. The injured worker reported blood pressure controlled with medications; and no palpitations, dizziness, chest pain, or shortness of breath. Objective findings included clear lungs; and regular heart rate and blood pressure. Treatment plan included diet changes and exercise for hypertension. Request is being made for laboratory studies and testing. On 01/29/2015 Utilization Review noncertified a prescription for Lab work- complete blood count, lipid panel, total T3, T4, T3 update, T3 free, free thyroxine TSH venipuncture, basic metabolic panel, hepatic function panel, uric acid, GGTP, serum ferritin, vitamin D, 25 hydroxy, apolipoprotein A, apolipoprotein B, glyco hemoglobin A1C, urine creatinine, urine microalbumin; M-Mode & 2D Echo w/Doppler; Electrocardiogram; and Rhythm Electrocardiogram (ECG). The CA MTUS, ACOEM was cited. On 02/07/2015, the injured worker submitted an application for IMR for review of a prescription for Lab work- complete blood count, lipid panel, total T3, T4, T3 update, T3 free, free thyroxine TSH venipuncture, basic metabolic panel, hepatic function panel, uric acid, GGTP, serum ferritin, vitamin D, 25 hydroxy, apolipoprotein A, apolipoprotein B, glyco hemoglobin A1C, urine creatinine, urine microalbumin; M-Mode & 2D Echo w/Doppler; Electrocardiogram; and Rhythm Electrocardiogram (ECG).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab work- CBC, lipid panel, total T3, T4, T3 update, T3 free, free thyroxine TSH venipuncture, BMP, hepatic function panel, uric acid, GGTP, serum ferritin, vitamin D, 25 hydroxy, APO A, APO B, glyco HGB A1C, urine creatine, urine microalburmin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Paroxysmal Supraventricular Tachycardia Treatment & Management (<http://emedicine.medscape.com/article/156670-treatment>).

**Decision rationale:** The MTUS is silent regarding blood testing and monitoring following paroxysmal supraventricular tachycardia or hypertension. For paroxysmal supraventricular tachycardia, the standard treatment is beta-blockers. Patients treated medically should be monitored regularly. Patients cured with radiofrequency catheter ablation are typically seen once in a follow-up examination following the procedure, then as needed for recurrent symptoms. In the case of this worker, there was no recent report of any episodes of palpitations and no complaints of dizziness, chest pain, or shortness of breath. He also reported his blood pressure being controlled with his medication. Diet and exercise was recommended as well as a long list of blood tests, including tests that would not directly be related to the injury. Previous testing from the prior two years only found high cholesterol, and no abnormalities. There seems to be no indication from the documentation to justify repeating normal tests and adding on more blood tests in someone without complaints, except for perhaps the cholesterol levels. However, considering the request included the cholesterol levels and many other unnecessary tests, the request will be considered medically unnecessary.

**M-Mode & 2D echo w/doppler:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Paroxysmal Supraventricular Tachycardia Treatment & Management (<http://emedicine.medscape.com/article/156670-treatment>).

**Decision rationale:** The MTUS is silent regarding ECHO following paroxysmal supraventricular tachycardia or hypertension. For paroxysmal supraventricular tachycardia, the standard treatment is beta-blockers. Patients treated medically should be monitored regularly. Patients cured with radiofrequency catheter ablation are typically seen once in a follow-up examination following the procedure, then as needed for recurrent symptoms. In the case of this

worker, there was no recent report of any episodes of palpitations and no complaints of dizziness, chest pain, or shortness of breath. He also reported his blood pressure being controlled with his medication. The worker had already completed an ECHO previously which was essentially normal. There seems to be no reasoning documented in the notes provided to justify repeating a normal ECHO in someone without complaints or abnormal BP. Therefore, the request for repeat ECHO with doppler will be considered medically unnecessary.

**Electrocardiogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Paroxysmal Supraventricular Tachycardia Treatment & Management (<http://emedicine.medscape.com/article/156670-treatment>).

**Decision rationale:** The MTUS is silent regarding random ECG following paroxysmal supraventricular tachycardia or hypertension. For paroxysmal supraventricular tachycardia, the standard treatment is beta-blockers. Patients treated medically should be monitored regularly. Patients cured with radiofrequency catheter ablation are typically seen once in a follow-up examination following the procedure, then as needed for recurrent symptoms. In the case of this worker, there was no recent report of any episodes of palpitations and no complaints of dizziness, chest pain, or shortness of breath. He also reported his blood pressure being controlled with his medication. There seems to be no reasoning documented in the notes provided to justify completing an ECG in someone without complaints or abnormal BP and an overall sense of symptoms being well controlled. A random ECG will not likely pick up tachycardia, and would only be recommended in settings of active symptomatology (palpitations, etc.). Therefore, the request for ECG will be considered medically unnecessary.

**Rhythm Electrocardiogram (ECG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: Paroxysmal Supraventricular Tachycardia Treatment & Management (<http://emedicine.medscape.com/article/156670-treatment>).

**Decision rationale:** The MTUS is silent regarding random ECG following paroxysmal supraventricular tachycardia or hypertension. For paroxysmal supraventricular tachycardia, the standard treatment is beta-blockers. Patients treated medically should be monitored regularly. Patients cured with radiofrequency catheter ablation are typically seen once in a follow-up examination following the procedure, then as needed for recurrent symptoms. In the case of this worker, there was no recent report of any episodes of palpitations and no complaints of

dizziness, chest pain, or shortness of breath. He also reported his blood pressure being controlled with his medication. There seems to be no reasoning documented in the notes provided to justify completing an ECG in someone without complaints or abnormal BP and an overall sense of symptoms being well controlled. A random ECG will not likely pick up tachycardia, and would only be recommended in settings of active symptomatology (palpitations, etc.). Therefore, the request for ECG will be considered medically unnecessary.