

Case Number:	CM15-0218478		
Date Assigned:	11/10/2015	Date of Injury:	04/15/2005
Decision Date:	12/28/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: Florida, New York, Pennsylvania
 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 65 year old male, who sustained an industrial-work injury on 4-15-05. A review of the medical records indicates that the injured worker is undergoing treatment for hypertension, chronic obstructive pulmonary disease, deep vein thrombosis and sleep disorder. Treatment to date has included lumbar laminectomy and fusion, Coumadin, Lisinopril, physical therapy, diagnostics, and other modalities. Medical records dated 9-2-15 indicate that the injured worker complains of back pain and sciatica. He is taking Coumadin daily. He reports that sleep is poor and has continuous positive airway pressure (CPAP) but is not using it he is not comfortable using it. Per the treating physician report dated 9-2-15 the injured worker has not returned to work. The physical exam reveals lungs clear, heart is normal, no pedal edema noted and no calf tenderness noted. The physician indicates that he will need 2-D echo for the next visit in order to assess right heart and pulmonary artery pressure. The request for authorization date was 10-21-15 and requested services included 2 dimensional ECHO and Follow-up quarterly or as needed. The original Utilization review dated 10-28-15 non-certified the request for 2 dimensional ECHO as not medically necessary. The request for Follow-up quarterly or as needed was modified to follow up in 3 months X1 for certification and as needed is recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 dimensional ECHO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACCF/ASE/AHA/ASNC/HFSA/HRS/ SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography, J Am Soc Echocardiogr 2011; 24: 229-67.

Decision rationale: This workers DOI is listed as 15Apr15. He sustained an injury resulting in a lumbar laminectomy and fusion. At a visit 2Sep15 the member had complaints of back pain and sciatica. The member had not returned to work. In addition to the industrial injury the member carries a diagnosis of HTN and OSA requiring CPAP but for which the member is not compliant as he cannot tolerate the device. The physical examination at that time indicated the lungs were clear, heart sound WNL, no peripheral edema and no calf tenderness. The PCM was requesting authorization to obtain a 2D Echocardiogram. Per the American cardiology Foundation Appropriate Use Criterial Task Force report of 2011 the following are indications for Trans Thoracic Echocardiography: general evaluation of cardiac structure and function- cardiovascular evaluation in an acute setting; evaluation of valvular function; evaluation of intracardiac and extracardiac structures and chambers; evaluation of aortic disease; initial evaluation of hypertension, HF, or cardiomyopathy; adult congenital heart disease. The MTUS is silent on the issue of Echocardiography and I have selected the specialty society appropriate use criteria as an appropriate and authoritative reference. Nothing in the history or physical examination especially in relation to the underlying industrial injury meets any of the criteria listed. The UR Non-cert is supported.

Follow-up quarterly or as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Physical Examination, Surgical Considerations, Summary.

Decision rationale: This workers DOI is listed as 15Apr15. He sustained an injury resulting in a lumbar laminectomy and fusion. At a visit 2Sep15 the member had complaints of back pain and sciatica. The member had not returned to work. In addition to the industrial injury the member carries a diagnosis of HTN and OSA requiring CPAP but for which the member is not compliant as he cannot tolerate the device. The physical examination at that time indicated the lungs were clear, heart sound WNL, no peripheral edema, no lateralizing signs and no calf tenderness. Because of worsening pain and sciatica the surgeon was considering a CT and MRI. The member was using a seated walker for ambulation and continued to be seen for rehabilitative PT. The member was reported to be neither taking narcotics or NSAID's and using topical compounds

only. Despite the issue of a slow recovery from the lumbar surgery in the spring (March 2015) and the recent increase in back pain and sciatica there appeared to be no discernible change on physical exam. In light of the ongoing review by the surgeon, regular rehab PT and relative stability at examination off of narcotics and NSAID's a further review in 3 months should be sufficient unless there are objective changes in the patient's condition. The UR determination is supported.