

Case Number:	CM15-0038608		
Date Assigned:	03/09/2015	Date of Injury:	05/03/2003
Decision Date:	04/13/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, Indiana, 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 52-year-old male, who sustained an industrial injury on May 3, 2003. He has reported a back injury. The diagnoses have included lumbar sprain/strain, and status post lumbar spine surgery. Treatment to date has included medications, and lumbar spine surgery. Currently, the IW was seen on January 24, 2015, for follow-up for ischemic cardiomyopathy and coronary artery disease. He indicated he had sharp chest pains, lasting for a few seconds at a time. Physical findings reveal a blood pressure of 120/81 and a heart rate of 69. Abdominal aortic pulsations were noted in the abdomen, no noted swelling, clubbing or bluish discoloration. The heart sounds were within normal limits, and his neck and lung examination was revealed to be within normal limits. The records indicate two previous heart attacks, and an implanted pacemaker. He is being treated for a low back injury, and is status post back surgery. He continues to have low back pain, which he rates as 8/10. On February 21, 2015, Utilization Review non-certified one 2D echocardiogram. Non-MTUS guidelines were cited. On March 2, 2015, the injured worker submitted an application for IMR for review of one 2D echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 2D echo: 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

<http://circ.ahajournals.org/content/95/6/1686.full><http://emedicine.medscape.com/article/1820912-overview>.

Decision rationale: Pursuant to the American Heart Association Journal, a two-dimensional echocardiogram is not medically necessary. Two-dimensional echocardiography provides real-time imaging of heart structures throughout the cardiac cycle. Doppler echocardiography provides information on blood movement inside cardiac structures and on hemodynamics. For additional details, see the attached links. In this case, the injured worker's working diagnoses are lumbar sprain/strain any: and status post surgery lumbar spine. The injured worker is under the care of cardiologist. The cardiologist progress note was dated January 24, 2015. There is no clinical documentation that indicates how the injured worker's heart related ailments relate to the work injury. The cardiologist indicates the injured worker has a history of cardiomyopathy; coronary artery disease; and ICD. The clinical rationale for the two-dimensional echocardiograms is to assess left ventricular function and evaluate for coexisting mitral regurgitation. A review of the medical record indicates the injured worker has a left ventricle ejection fraction of 35 - 40%. There is no documentation in the medical record indicating whether and when the injured worker had a prior echocardiogram. The date of injury is May 3, 2003. The documentation indicates the injured worker had extensive cardiac testing including a previous percutaneous intervention, cardiologist stress test and remote coronary angiography that show the patent stent. Subjectively, in the progress note dated January 24, 2015, the injured worker reported atypical sharp poking chest pain that lasts only a few seconds. Objectively, there were no positive or significant physical findings. The cardiologist's assessment stated the symptoms of chest pain were likely not coronary in etiology. Additionally, there is no documentation establishing a causal relationship between the heart related issues and the work related injury. Consequently, absent clinical documentation with recent symptoms that were not likely cardiac in etiology, missing documentation of a prior echocardiogram (with an established LVEF of 35 - 40%), an extensive cardiac workup including PCI and remote coronary angiography and the establishment of a causal relationship between the orthopedic injuries and the heart related problems, a two-dimensional echocardiogram is not medically necessary.