

Case Number:	CM13-0047669		
Date Assigned:	03/14/2014	Date of Injury:	12/19/2012
Decision Date:	06/22/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 46-year-old male, who sustained an industrial injury on 12/19/2012. He has reported subsequent back and hip pain and was diagnosed with lumbar spine spasm. Treatment to date has included oral and injectable pain medication and application of ice. The only medical documentation submitted is a progress note dated 10/01/2013. At this time, the injured worker complained of reflux. Objective findings were unremarkable. A request for authorization of an echocardiogram was submitted. There was no explanation as to the reason for the request.

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 Journal of the American Medical Association (JAMA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Johns Hopkins Medicine website (www.hopkinsmedicine.org/healthlibrary).

Decision rationale: Pursuant to Johns Hopkins Medicine - Health Library, echocardiogram is not medically necessary. An echocardiogram is a noninvasive (the skin is not pierced) procedure used to assess the heart's function and structures. During the procedure, a transducer (like a microphone) sends out ultrasonic sound waves at a frequency too high to be heard. When the transducer is placed on the chest at certain locations and angles, the ultrasonic sound waves move through the skin and other body tissues to the heart tissues, where the waves bounce or "echo" off of the heart structures. Doppler echocardiography. This Doppler technique is used to measure and assess the flow of blood through the heart's chambers and valves. The amount of blood pumped out with each beat is an indication of the heart's functioning. In addition, Doppler can detect abnormal blood flow within the heart, which can indicate a problem with one or more of the heart's four valves, or with the heart's walls. In this case, the injured workers working diagnoses are borderline hypertension; history diverticulitis; gastroesophageal reflux disease; seasonal allergies; and orthopedic condition. The medical record contains nine pages. There is one progress note dated October 1, 2013. The progress note dated October 1, 2013 contains 9 pages, but only pages 1 through 5 are contained in the record. The objective section shows a normal heart and lung examination. There is no assessment and treatment plan in the record. There is no clinical indication for clinical rationale for an echocardiogram. Consequently, absent clinical documentation with a clinical indication/rationale and an assessment and plan, and echocardiogram is not medically necessary.