

Case Number:	CM13-0057679		
Date Assigned:	12/30/2013	Date of Injury:	01/11/2013
Decision Date:	02/28/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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
Certification(s)/Specialty: Emergency 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:

This is a 58 year old male who suffered an industrial related injury on 1/11/13. A physician's report dated 6/20/13 noted the injured worker had complaints of intermittent moderate achy low back pain associated with prolonged climbing stairs and prolonged bending. Physical examination findings included tenderness to palpation of the L3-L5 spinous processes and lumbar paravertebral muscles. The diagnoses were lumbar musculoligamentous injury and lumbosacral sprain/strain. A physician's report dated 10/21/13 noted recommendations of an echocardiogram and electrocardiogram due to essential hypertension. On 10/30/13 the utilization review (UR) denied the requests for an electrocardiogram and an echocardiogram. The UR physician noted an evaluation by a cardiologist or internal medicine specialist would be appropriate to determine the medical necessity for these requests. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guideline.gov/content.aspx?id=14257&search=hypertension> Guideline Title: Hypertension - Detection, Diagnosis, and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL et al; 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee; AMA. 2014;311(5):507-520

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines have some general guidelines on use of EKG and echocardiogram but not enough details for determination. The provider has not provided a single rationale for request for EKG except for "essential hypertension". Patient has no other listed comorbid medical problems such as heart disease or diabetes. Review of national guidelines on blood pressure management published in JAMA does not recommend an EKG/electrocardiogram solely on the basis of essential hypertension. An EKG is not medically necessary.

Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=14257&search=hypertension> Guideline Title: Hypertension - Detection, Diagnosis, and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL et al; 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee; AMA. 2014;311(5):507-520

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines have some general guidelines on use of EKG and echocardiogram but not enough details for determination. The provider has not provided a single rationale for request for echocardiogram except for "essential hypertension". Patient has no other listed comorbid medical problems such as heart disease or diabetes. Review of national guidelines on blood pressure management published in JAMA does not recommend echocardiogram solely on the basis of essential hypertension. An echocardiogram is not medically necessary.