

<b>Case Number:</b>	CM14-0210454		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented ██████████ ground employee who has filed a claim for chronic low back, shoulder, and arm pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of December 16, 2009. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for outpatient echocardiogram. The claims administrator referenced an RFA form of November 20, 2014 and a progress note of November 21, 2014 in its determination. The applicant's attorney subsequently appealed. In a November 18, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7-8/10, with ancillary complaints of depression, anxiety, and weight gain. The applicant was on Soma, Norco, Lunesta, and Zestril. Epidural steroid injection therapy was endorsed. An internal medicine evaluation and psychological evaluation were also sought. On November 6, 2014, the applicant was given refills of temazepam, Restoril, Soma, and Zestril. Hypertension was one of the stated diagnoses. The remainder of the file was surveyed. There was no explicit mention of the applicant's hypertension being symptomatic in anyway.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Echocard 2d Doppler:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine- Chapter 7, page 503

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation British Society of Echocardiography (BSE), Indications for Echocardiography.

**Decision rationale:** The MTUS does not address the topic. The primary operating diagnosis here is hypertension. As noted by the British Society of Echocardiography (BSE), echocardiography is "not indicated" in the routine assessment of individuals with hypertension, particularly those individuals who are asymptomatic. Here, the applicant was/is asymptomatic. The applicant did not have any manifestations of cardiomyopathy associated with hypertension, such as chest pain, shortness of breath, etc. which would have compelled the 2D echocardiogram with Doppler test at issue. Therefore, the request is not medically necessary.