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| Case Number: | CM14-0211244 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 07/20/2014 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 60 year old male with an injury date of 07/20/14 Based on the 10/11/14 progress report provided by treating physician, the patient complains of chest pain, abdominal pain, and acid reflux symptoms, possibly associated with stress. Patient also complains of sleep disturbances secondary to his gastrointestinal pain and stress, reports waking up gasping at night. Physical examination pertinent to GI/Cardiac complaint notes regular rate and rhythm, no rubs or gallops noted, soft non-tender abdomen with bowel sounds present. The patient is currently prescribed Simvistatin, Ibuprofen, Metocarbamol and takes Tylenol OTC as needed for headaches. Diagnostic reports included EEG report from a 2 night sleep study conducted on 10/11-12/14, significant findings include: "Patient's total sleep time was outside age/gender matched ranges". Patient is currently working. Diagnosis 10/08/14- Abdominal pain- Acid reflux- Chest pain- Cephalgia- Sleep disorder, rule out obstructive sleep apnea-Psychiatric diagnoses (referred to the appropriate specialist). The utilization review determination being challenged is dated 11/21/14. The rationale is: "there is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale of the requested echocardiogram and similarly the stress echocardiogram." Treatment reports were provided from 07/21/14 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress Echocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1767520/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine 2003 Jan; 89(1): 113-118. PMCID: PMC1767520. Stress echocardiography.

Decision rationale: The patient presents with chest pain, abdominal pain, and acid reflux symptoms, possibly associated with stress. Patient also complains of sleep disturbances secondary to his gastrointestinal pain and stress, reports waking up gasping at night. The request is for STRESS ECHOCARDIOGRAPHY. Physical examination pertinent to GI/Cardiac complaint notes regular rate and rhythm, no rubs or gallops noted, soft non-tender abdomen with bowel sounds present. The patient is currently prescribed Simvastatin, Ibuprofen, Metocarbamol and takes Tylenol OTC as needed for headaches. Diagnostic imaging included EEG report from a 2 night sleep study conducted on 10/11-12/14. Patient is currently working. While MTUS and ODG guidelines do not specifically address the use of stress echocardiography, the US National Library of Medicine has the following, taken from the journal Heart. 2003 Jan; 89(1): 113-118. PMCID: PMC1767520. Stress echocardiography, by Thomas H Marwick. "Like other stress imaging tests, the chief indications for stress echo are patients who either cannot exercise or exercise submaximally (who should undergo pharmacologic stress) and patients with an uninterpretable ECG caused by repolarisation abnormalities (who should undergo exercise echo). The latter group may be supplemented by other subgroups among whom the exercise ECG is suboptimal." In regards to this request, the treater has not provided documentation which establishes any significant past or present cardiac history or evidence that this patient is unable to exercise sub-maximally. Per progress notes dated 10/08/14 the physician describes ordering an ECG and blood labs directed at cardiac symptoms, but no significant findings are discussed. Additionally, the same progress notes indicate a cardiac stress test without echocardiogram was ordered but the results were also not provided. A determination of necessity for this procedure cannot be made without a more thorough documentation of cardiac pathology. Therefore, this request IS NOT medically necessary.