

<b>Case Number:</b>	CM15-0010402		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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 48 year old male, who sustained an industrial injury on 04/01/2014. He has reported subsequent low back pain and was diagnosed with low back pain with left radicular symptoms, lumbar degenerative disc disease, lumbar spine sprain/strain and left sacroiliac joint arthropathy. The injured worker was also diagnosed with hypertension but had stopped taking anti-hypertensive medication a few weeks prior. Treatment to date for pain has included oral pain medication, acupuncture and physical therapy. In a progress note dated 07/09/2014, the cardiovascular examination was within normal limits but the injured worker's blood pressure was noted as being poorly controlled. The injured worker was started on new anti-hypertensive medication. In a PR2 dated for 10/06/2014, the physician noted that the injured worker was recommended to have an evaluation for an internist for continued hypertension. In a progress note dated 12/04/2014, the injured worker reported low back pain and blood pressure was noted to be significantly elevated. Cardiovascular examination was documented as within normal limits with no documentation of chest pain, shortness of breath, palpitations or other cardiac symptoms. There was no documentation submitted that pertains to the current treatment request. On 12/26/2014, Utilization Review non-certified a request for 2D echocardiogram, noting that there was no clinical indication for performance of the study. Evidence based, peer reviewed guidelines from the National Institute of Health's PubMed database were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **2D ECHOCARDIOGRAM:** 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/pubmed/1729817>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/cardiovascular/echocardiogram\\_92,p07969/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/cardiovascular/echocardiogram_92,p07969/)

**Decision rationale:** Pursuant to the Johns Hopkins Medicine Health Library, 2D echocardiogram is not medically necessary. An echocardiogram is a noninvasive procedure used to assess the hearts function and structures. A two dimensional (2-D) echocardiogram is a technique used to see actual motion of the heart structures. An echocardiogram may be performed for further evaluation of signs and symptoms that may suggest atherosclerosis, cardiomyopathy, congenital heart disease, congestive heart failure, aneurysm, valvular heart disease, cardiac tumor, and pericarditis. An echocardiogram may also simply be performed to assess the heart overall function and general structure. In this case, the injured worker's working diagnoses are status post work related injury; orthopedic diagnosis, deferred to PTP; and HTN, preexisting, rule out industrial aggravation. The injured worker was diagnosed with hypertension 3 to 4 years ago (well before the industrial injury). The injured worker claims his blood pressure became hard to control after the injury. The injured worker has severe pain in the lower back that radiates to the left lower extremity. Pain with medications is 7/10 and without medications is 10/10. The injured worker has run out of blood pressure medications for two months. He lost his private medical insurance. He denies chest pain, shortness of breath, shortness of breath with exertion, paroxysmal nocturnal dyspnea, orthopnea, palpitations, near syncope, syncope. Objectively, blood pressure is 154/104 with a heart rate of 85. The remainder of the vital signs were normal. There are no physical findings noted in the medical record. There is no clinical indication or clinical rationale in the record indicating why a 2D echocardiogram is required. The injured worker's hypertension predated the date of injury. There is no documentation establishing a causal relationship between hypertension, cardiovascular heart disease and requiring an echocardiogram. Consequently, absent clinical documentation to support cardiovascular heart disease in the presence of uncontrolled hypertension with no causal link to the industrial injury, a 2D echocardiogram is not medically necessary.