

<b>Case Number:</b>	CM15-0010577		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 55 year old male who sustained an industrial injury on 11/12/09. Initial complaints and diagnoses are not available. Treatments to date include back surgery and epidural steroid injections. Diagnostic studies are not addressed. Current complaints are difficult to decipher. Current diagnoses include orthopedic injury, low back pain, psychological diagnosis, diabetes, angina, and status post heart attack and coronary artery bypass surgery. In a progress note dated 11/10/14, the treating provider reports the plan of care as a cardiology consultation and a 2 D echocardiogram with Doppler. The requested treatments include a 2 D echocardiogram with Doppler.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2D echo cardiogram with Doppler study:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 Johns Hopkins Medicine - Health Library, 2-D echocardiogram with Doppler study 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. Also, 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 worker's working diagnoses include orthopedic injury; low back pain; psychological diagnoses; diabetes mellitus; angina; status post myocardial infarction; and coronary artery bypass surgery. There is a single progress note in the medical record from the requesting physician dated June 9, 2014. The request for authorization is dated December 9, 2014. There is no contemporaneous progress note on or about the date of request authorization contained in the medical record. The requesting physician is a general medicine physician. Once in the June 9, 2014 progress note the injured worker was referred for treatment of hypertension, diabetes mellitus and hypercholesterolemia. Injured worker underwent a 2-D echocardiogram on April 23, 2014. The progress note dated June 9, 2014 contains the first three pages of the note. There is no physical examination, assessment or treatment plan in the medical record. There is no clinical indication a rationale (based on missing documentation) for a 2-D echocardiogram with Doppler. Consequently, absent contemporary clinical documentation on or about the date of request for authorization (December 9, 2014), 2-D echocardiogram with Doppler study is not medically necessary.