

Case Number:	CM15-0120896		
Date Assigned:	07/01/2015	Date of Injury:	03/17/2008
Decision Date:	08/25/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 injured worker (IW) is a 46-year-old male who sustained an industrial injury on 03/17/2008. Diagnoses/impressions include gastroesophageal reflux disease, secondary to stress and NSAIDs; irritable bowel syndrome; status post H. pylori treatment; hypertension; blurred vision, rule out hypertensive retinopathy; and sleep disorder, rule out obstructive sleep apnea. Treatment to date has included medications, dietary instruction and advised to keep a blood pressure (BP) diary. According to the progress notes dated 3/26/15, the IW reported improved gastroesophageal reflux symptoms and denied irritable bowel syndrome. He also reported no change in sleep quality (sleeping four hours per night), hypertension or visual disturbance. His average blood pressure at home was 130/80. He denied any history of heart problems. On examination, BP was 147/83, heart rate was 58 and regular, height was 5'4" and weight was 184 pounds. A request was made for 2D stress echo/stress echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D stress echo/stress echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiography, Author: Ishak A Mani, MD, FACP; Chief Editor: Richard A Lange, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria & reg; asymptomatic patient at risk for coronary artery disease, National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: MTUS Guidelines and ODG do not address the use of echocardiogram. Per the cited reference, stress echocardiography can be used for screening high-risk asymptomatic patients. It is most commonly used before major non-cardiac surgery. Prognostic data from stress echocardiography can be used to risk-stratify patients. Stress echocardiography is not indicated for cardiovascular risk assessment in low- or intermediate-risk asymptomatic adults. Recent imaging advances have made it possible to detect subclinical coronary atherosclerosis. A number of imaging modalities may be used for evaluating asymptomatic patients at elevated risk for future cardiovascular events. The goal of assessment in asymptomatic patients is to refine targeted preventative efforts based on patient risk. In low-risk patients, all modalities were considered "usually not appropriate", but the panel did comment that CACS may be useful in low-risk patients who have a strong family history of coronary risk. In intermediate-risk patients, CACS was determined to be "usually appropriate", as it can be used to stratify and reclassify patient risk more accurately than traditional methods. In high-risk patients, it was determined that CCTA and stress-and-rest studies using MRI, single-photon emission CT, MPI, and ultrasound "may be appropriate." The clinical reports do not indicate that the injured worker is at increased risk of cardiovascular event. There is no rationale provided that explains the need of echocardiogram in this injured worker. The request for 2D stress echo/stress echocardiogram is not medically necessary.