Case Number:	CM15-0128566		
Date Assigned:	07/24/2015	**Date of Injury:**	03/29/2010
Decision Date:	08/21/2015	**UR Denial Date:**	06/17/2015
Priority:	Standard	**Application Received:**	07/02/2015

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 56-year-old male who sustained an industrial injury on March 29, 2010. He has reported injuries to the lower back and both extremities and has been diagnosed with multilevel cervical and lumbar spondylosis, moderate to severe spinal stenosis at L2 through L5 with disc protrusion at L3-L4, instability at L3-L4 with grade 1 anterolisthesis and disc space narrowing at L4-L5, and multilevel cervical stenosis C3 through C7-T1. Treatment has included medical imaging, medications, physical therapy, injections, and acupuncture. There was gross weakness bilaterally in the EHL. There was decreased range of motion to the lumbar spine. MRI revealed a L2-L3 right sided foraminal disc protrusion with severe right sided foraminal stenosis as well as a 7 mm left sided foraminal protrusion at L3-L4 with moderate left sided stenosis. At L4-L5 there is moderately severe bilateral foraminal narrowing with moderate central stenosis secondary to an 8 mm broad based disc extrusion somewhat greater on the right than on the left. The treatment request included resting and stress echocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resting and stress echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/1820912-overview #3.

Decision rationale: Pursuant to Medscape, resting and stress echocardiogram are not medically necessary. The ACC, the AHA, and the American Society of Echocardiography (ASE) have published detailed practice guidelines for the clinical application of echocardiography. 5 More recently, these and other bodies have collaborated to establish appropriate use criteria for echocardiography.[6]Briefly, indications of echocardiography may be divided into structural imaging and hemodynamic imaging. Indications for structural imaging include the following: Structural imaging of the pericardium (eg, to exclude pericardial effusion); Structural imaging of the left or right ventricle and their cavities (eg, to evaluate ventricular hypertrophy, dilatation, or wall motion abnormality; to visualize thrombi); Structural imaging of the valves (eg, mitral stenosis, aortic stenosis, mitral valve prolapse; see the first image below); Structural imaging of the great vessels (eg, aortic dissection); Structural imaging of atria and septa between cardiac chambers (eg, congenital heart disease, traumatic heart disease. In this case, the injured worker's working diagnoses are orthopedic injuries, hypertension, diabetes, dyspnea on exertion, hyperlipidemia, probable sleep apnea, and nocturia. According to a May 20, 2015 operative initial evaluation narrative of the primary treating provider, the treatment plan included a resting and stress echocardiogram. Subjectively, the injured worker presented with orthopedic injuries, diabetes and hypertension. The diabetes and hypertension developed two years after the work-related injury. There is no anticipated surgery in the medical record. There is no preoperative cardiac workup indicated in the medical record. Objectively, the injured worker has normal heart examination and lung examination. There is no clinical rationale for performing a resting and stress echocardiogram (noninvasive cardiovascular diagnostic testing) in the medical record. Utilization review indicated there was a peer-to-peer conference between the utilization reviewer and treating provider. The treating provider agreed with the non-certification for the echocardiogram. The treating provider would reevaluate the medical record and resubmit if the clinical documentation supported additional non-invasive cardiac workup. Consequently, absent clinical documentation with the clinical indication and rationale for noninvasive cardiovascular diagnostic testing, resting and stress echocardiogram are not medically necessary.