

Case Number:	CM15-0038061		
Date Assigned:	03/06/2015	Date of Injury:	12/05/2007
Decision Date:	05/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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, Montana

Certification(s)/Specialty: Internal Medicine, Infectious Disease

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 61-year-old male who reported an injury on 12/05/2007. The mechanism of injury was not specifically stated. The current diagnoses include lumbosacral spondylosis, thoracic or lumbosacral neuritis or radiculitis, lumbar disc disorder with myelopathy, sprain/strain of the knee and leg, and chondromalacia patellae. The injured worker presented on 12/18/2014 for a follow-up evaluation. The injured worker reported ongoing low back pain radiating into the lower extremities causing paresthesias and numbness. It was noted that the injured worker had received authorization for a prior surgical intervention; however, the injured worker declined the surgical intervention as it was unlikely to be successful without the ability to obtain postoperative rehabilitation. Upon examination, there was spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with a loss of motion. Decreased sensation was noted bilaterally in the S1 dermatomes. The left knee showed patellar crepitus on flexion and extension with medial and lateral joint line tenderness with a positive McMurray's sign. The injured worker's medication regimen was refilled, as it was providing pain relief and improving functional status. Recommendations at that time included a return visit in 4 weeks. There was no Request for Authorization form submitted for this review. The current request is for the retrospective echocardiogram performed on an unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated: 02 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Echocardiogram.

Decision rationale: According to the U.S. National Library of Medicine, an echocardiogram is used to evaluate the valves and chambers of the heart. An echocardiogram can detect abnormal heart valves or rhythms, congenital heart disease, damage to the heart muscle, heart murmurs, inflammation, infection, pulmonary hypertension, or the ability of the heart to pump and the source of a blood clot after a stroke or a TIA. In this case, it is unclear exactly when the procedure was performed. It is unclear whether the injured worker underwent an echocardiogram prior to declining the surgical procedure or whether the echocardiogram was recommended on a routine basis. There was no indication that this injured worker suffers from a cardiac or a respiratory abnormality. As the medical necessity has not been established, the request is not medically appropriate at this time.