MAXIMUS Federal Services

Case Number:	CM13-0036565		
Date Assigned:	12/13/2013	Date of Injury:	10/25/2001
Decision Date:	03/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitaition, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year-old male who was injured on 10/25/2001. According to the 9/23/13 note from the [redacted], he has been diagnosed with: pain in joint, shoulder; cervical spondylosis without myelopathy; and lumbago. He presented with pain in the neck, bilateral arms, lower back and bilateral legs. He also stated he was having chest pain and visual changes. He requested additional medications for extreme low back pain, but was not due for medication refills at the time. He was given Lortab for his hospital visit on 9/18/13. He was requested to bring a 12 lead EKG tracing to the next office visit prior to Methadone refill. The 9/16/13 ER report notes the patient is paraplegic due to L3/4 injury and has left-sided hemiparesis due to C3-7 injury and has chronic low back pain, but the current back pain and abdomen pain was different.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83-87.

Decision rationale: The patient presents with chronic low back pain. He requested additional medications for low back pain and returned sooner than the anticipated refill date. He reported chest pain and visual disturbance, and the physician requested an EKG prior to refilling the Methadone. The chest pain might be considered a "coexisting medical condition" and ACOEM Guideines suggests managing them proactively, to increase the probability of successful re-employment. In this aspect, the request for the EKG which is interfering with the medication management of the patient's industrial injury, is in accordance with ACOEM recommendations. Therefore, the requested EKG is medically necessary and appropriate.