

Case Number:	CM13-0069014		
Date Assigned:	01/03/2014	Date of Injury:	06/11/2010
Decision Date:	06/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert reviewer is Board Certified in Internal Medicine, 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 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/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:

The patient is a [REDACTED] employee who has filed a claim for abdominal pain associated with an industrial injury of June 11, 2010. Thus far, the patient has been treated with Prilosec, Citrocel, Miralax, and diet modification. Of note, patient has had multiple surgeries and has been on chronic opioid therapy for pain due to the injuries. Utilization review dated November 22, 2013 indicates that the claims administrator denied a request for H pylori breath test as it is not required in patients with GERD symptoms; abdominal ultrasound as it is not indicated in dyspepsia and GERD; laboratory tests for gastrointestinal profile as there is no standard GI profile lab test; and electrocardiogram (EKG) as patient has no history of chest pain. Review of progress notes reports epigastric pain and episodes of bright red blood per rectum, which occur thrice a week. There is unimproved acid reflux and constipation. Patient also reports depression, stress, anxiety, and sleeping problems secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROCARDIOGRAM (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic chapter, Preoperative electrocardiogram (ECG).

Decision rationale: CA MTUS does not specifically address this issue. ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Progress note dated November 20, 2013 reported that patient had an abnormal EKG from November 06, 2013 showing non-specific ST elevation and borderline ECG. A transthoracic echocardiogram performed December 12, 2013 was normal with ejection fraction 59%. There is no documentation of new-onset chest pain or symptoms referable to the cardiac system after the latest EKG, thus there is no indication as to why a repeat EKG is necessary as it has recently been performed and further evaluated using an echocardiogram. Therefore, the request for EKG was not medically necessary per the guideline recommendations of ODG.