

<b>Case Number:</b>	CM14-0006038		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational 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:

This is a 63 year-old female who has reported widespread pain, mental illness, and various internal medicine conditions attributed to work, with a listed date of injury as December 17, 2003. The medical history includes palpitations, diabetes mellitus, hypertension, poor sleep quality, multifocal pain, blurred vision, heart disease, and spine and shoulder pain. Echocardiography was performed in 2011. The results were abnormal and not discussed by the treating physician, per the available reports. An EKG was performed by the treating physician in March 2013; the results were not discussed by the treating physician. In the monthly reports from the treating physician from May to October 2013, there is brief mention of palpitations and activity-related chest pain. There is a brief mention of using nitroglycerin for chest pain, and palpitations due to anxiety. There is no further information given regarding these symptoms. The cardiac examination is normal at each visit. There is no discussion of the indications for repeating the EKG. On December 26, 2013, Utilization Review non-certified the EKG in question, noting the lack of sufficient clinical information to support the EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EKG SECONDARY TO CHEST PAIN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:UpToDate, Diagnostic approach to chest pain in adults.

**Decision rationale:** The MTUS does not provide direction for the evaluation of chest pain (the presumed reason to perform the EKG). Up-to-date, an evidence-based guideline and resource, was used instead. Per the citation listed above, "A thorough description of the pain is an essential first step in the diagnosis of chest pain". There is no "thorough description" of the chest pain or any other indications for the EKG. There is no discussion of risk factors. The physical examination of the cardiopulmonary region has been normal. The results of past cardiac testing were not discussed, including the results of the EKG in March 2013. The treating physician has not provided adequate indications for the EKG. The EKG is therefore not medically necessary.