

Case Number:	CM14-0008160		
Date Assigned:	01/24/2014	Date of Injury:	03/06/2007
Decision Date:	06/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice, and is licensed to practice in California, Tennessee, and Virginia. 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 injured worker is a 44-year-old female who sustained an injury to her low back on 03/06/07 when she was lifting boxes and reportedly heard something snap in her back. An office visit dated 10/11/13 reported that the injured worker came from violation with a chief complaint of hypertension, gastrointestinal it sleep disturbance. The injured worker stated that she continues to experience low back pain that is constant and radiating into the left lower extremity with associated numbness and tingling sensation as well as weakness in the groin. Morbidity 5'6", weight 215 pounds. It was reported that the injured worker has neuropathies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROCARDIOGRAPHY (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20574251>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mandatory Electrocardiographic Screening of Athletes to Reduce Their Risk for Sudden Deathproven Fact or Wishful Thinking? Arie Steinvil, MD; Tamar Chundadze, MD; David Zeltser; MD; Ori Rogowski, MD; Amir Halkin, MD; Yair Galily,

PhD; Haim Perluk, MD; Sami Viskin, MD; J Am Coll Cardiol. 2011;57(11):1291-1296.
doi:10.1016/j.jacc.2010.10.037

Decision rationale: The request for electrocardiography (EKG) is not medically necessary. The previous request was denied on the basis that the documentation provided does not support the existing recommendations for routinely recorded ECG in unselected hypertensive patients as the prevalence of relevant abnormalities is considerable and NNS to prevent one death is lower than that in other widely excepted tests. There was no indication that a surgical procedure was anticipated. Given the clinical documentation review, medical necessity of the request for electrocardiography EKG has not been established. The Electrocardiography (EKG) is not medically necessary.