MAXIMUS Federal Services

Case Number:	CM14-0012831		
Date Assigned:	02/24/2014	Date of Injury:	10/29/2005
Decision Date:	08/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 55-year-old male, who has submitted a claim for complex regional pain disorder type 1 of the left upper extremity and mood disorder associated with orthopedic condition; associated with an industrial injury date of October 29, 2005. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left upper extremity pain. Physical examination of the cervical spine showed the following on range of motion (ROM): flexion at 25 degrees, extension at 25 degrees, left rotation at 60 degrees, right rotation at 60 degrees, left lateral flexion at 15 degrees and right lateral flexion at 15 degrees.Treatment to date has included intrathecal fentanyl and hydrocodone.Utilization review, from January 24, 2014 denied the request for X-ray of the chest because there was no documentation that provides an evidence of suspicion for acute cardiopulmonary disease. The request for EKG was also denied because ODG guidelines do not support the use of routine preoperative cardiac evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE CHEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines ACC/AHA 2007 on Perioperitive Cardiovascular Evaluation; American College of Cardiology Foundation-Medical Specialty

Society and American Heart Association- Professional Association. 1996 Mar 15(revised 2007 Oct), page 83.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES CHEST X-RAY.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG recommends chest X-Ray with acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. In this case, the request for X-ray of the Chest was made as pre-operative assessment prior to replacement of intrathecal pump. However, documents reviewed did not show that the patient has a history of cardiovascular disease nor the patient has symptoms such as dyspnea or easy fatigability. Therefore, the request for X-ray of the Chest is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 on Perioperitive Cardiovascular Evaluation; American College of Cardiology Foundation-Medical Specialty Society and American Heart Association- Professional Association. 1996 Mar 15(revised 2007 Oct), page 83.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute and Chronic) Chapter, Pre-operative EKG and Lumbar Testing.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. 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. In this case, EKG was ordered as a pre-operative screening prior to intrathecal pump replacement surgery. Although the patient is 55 years old, records reviewed did not show that the patient would undergo a high-risk or intermediate-risk procedure. Likewise, previous documents do not reflect that patient had episodes of chest pain, easy fatigability, dyspnea or any symptoms that could reflect an underlying cardiac pathology. Therefore, the request for EKG is not medically necessary.