

<b>Case Number:</b>	CM14-0014622		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for depression, anxiety, hypertension, shoulder pain, neck pain, low back pain, depression, and insomnia reportedly associated with an industrial injury of February 25, 2005. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, a shoulder corticosteroid injection; chiropractic manipulative therapy in unspecified amounts and functional capacity testing on several occasions. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for an EKG, citing fairly generalized guidelines from the National Library of Medicine (NLM). The claims administrator stated that the applicant had complaints of hypertension, obesity, and chest pain but nevertheless denied the EKG in question. The claims administrator did not, it is incidentally noted, reference the cited guideline anywhere in its rationale. A January 10, 2014 progress note is notable for comments that the applicant had issues with depression, anxiety, hypertension, obesity, dyslipidemia, and sleep disorder, all of which were attributed to the industrial injury. The applicant was on Hydrochlorothiazide, Norvasc, Tenormin, Aspirin, and Enalapril. The applicant was asked to eschew NSAIDs. Cardiology consultation was endorsed. An EKG was apparently endorsed to further evaluate the applicant's chest pain. The applicant's blood pressure was elevated at 152/88. An earlier note of December 11, 2013 was notable for comments that the applicant reported worsening chest pain with activity over the preceding four days. EKG and cardiology consults were apparently ordered on that date to further evaluate chest pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROCARDIOGRAM (EKG):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Electrocardiography Article, Levine Et Al.

**Decision rationale:** The California MTUS does not address the topic. As noted by Medscape, indications for EKG include evaluation of myocardial injury, ischemia, prior infarction, evaluation of arrhythmias, metabolic disorders, and/or evaluation of primary or secondary cardiomyopathy. In this case, the applicant was described as an obese individual who presented with chest pain, at best suboptimally controlled blood pressure, and had a history of a variety of other comorbidities, including obesity and dyslipidemia. EKG testing to establish the presence or absence of myocardial injury was indicated, appropriate, and supported by Medscape. Therefore, the request was medically necessary.