

<b>Case Number:</b>	CM14-0147541		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 45 year old female with a 4/10/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/26/14 noted subjective complaints of leg numbness and weakness, as well as back pain. Objective findings included decreased lumbar ROM. Diagnostic Impression: lumbar disc herniation. The treatment to date includes lumbar fusion, medication management, exercise, and lumbar ESI. A UR decision dated 8/29/14 denied the request for ECG/EKG. There is no medical documentation provided to justify the medical necessity for ECG/EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECG/EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**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 & thoracic (acute & chronic) chapter pre-operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

**Decision rationale:** The CA MTUS does not address the issue. The ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, in the documents available for review, there is no stated rationale for the EKG request. There is no documentation that the patient has been approved for any surgery. Additionally, there is no mention of any cardiac symptoms such as chest pain or shortness of breath that would substantiate the need for an EKG. Therefore, the request for ECG/EKG was not medically necessary.