

Case Number:	CM14-0169269		
Date Assigned:	10/17/2014	Date of Injury:	05/17/2013
Decision Date:	11/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 chronic low back, neck, wrist, and knee pain reportedly associated with an industrial injury of May 17, 2013. Thus far, the applicant has been treated analgesic medications; transfer of care to and from various providers in various specialties; multiple epidural steroid injections; unspecified amounts of acupuncture; earlier left carpal tunnel release surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for an EKG. The claims administrator did not invoke any guidelines in its rationale but stated that the attending provider had failed to furnish any specific basis for the request. The applicant's attorney subsequently appealed. In a progress note dated September 8, 2014, the applicant reported ongoing complaints of worsening neck, low back, and knee pain. Authorization was sought for a lumbar discogram and ultrasound-guided knee corticosteroid injections. Authorization was sought for various "pre-operative" laboratory testing. In a handwritten note dated August 26, 2014 the applicant was asked to remain off of work, on total temporary disability, while pursuing chiropractic manipulative therapy, range of motion testing, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG with interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article

Decision rationale: The MTUS does not address the topic. However, as noted by Medscape, the routine usage of EKG testing is not recommended in asymptomatic applicants without any clinical risk factors who are about to undergo a low-risk surgery. In this case, the applicant is about to undergo corticosteroid injections for the knee, a procedure which does not involve anesthesia and which, by all accounts, is a low-risk procedure. The attending provider did not state what cardiac risk factors (if any) were present here. The applicant appears to be asymptomatic from a cardiac perspective. The applicant does not appear to have any clinical risk factors for ischemia, infarction, arrhythmia, etc. which would compel the EKG in question. Therefore, the request is not medically necessary.