

<b>Case Number:</b>	CM14-0023692		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery, 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:

Patient has chronic back due to an injury that occurred while he was lifting boxes. Date of injury is December 1, 1999. The patient has had previous back fusion surgery and previous neck fusion surgery. Patient has a computerized tomography scan that shows L4-5 right-sided foraminal stenosis. There is a magnetic resonance imaging (MRI) that shows L4-5 based disc bulge and bilateral foraminal narrowing at L4-5. Patient has had constant pain interfering with his function. Patient desires to proceed with surgery for L4-5 decompression. At issue is whether physical therapy and aquatic therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MEDICAL CLEARANCE ELECTROCARDIOGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** Electrocardiogram EKG is not medically necessary. The medical evidence in the records do not indicate that the patient requires lumbar spinal surgical procedure. Medical records do not indicate that the patient has had a significant attempt at conservative measures for

low back pain. In addition, the requested procedure is a minor L4-5 lumbar decompression. EKG is did not require prior to a minor procedure in patients are not identified as being preoperatively at risk with multiple medical comorbidities. The medical records do not substantiate the need for EKG. In addition, medical necessity for surgery has not been established EKG is not medically necessary.