

<b>Case Number:</b>	CM14-0029213		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and Texas. 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 injured worker is a 53-year-old male who sustained an injury to his neck on 08/12/13. The mechanism of injury was not documented. The injured worker continued to complain of 8/10 neck pain on the visual analogue scale (VAS). MRI (magnetic resonance imaging) of the cervical spine revealed large central C5-6 disc herniation with some ossification of posterior longitudinal ligament causing severe spinal cord pressure; no myelomalacia; cord narrowed about 4-5mm at this level; bilateral cervical radiculopathy. The treatment to date included physical therapy, pain medication, work restrictions and home exercise program. The injured worker was recommended epidural steroid injections, but he decided not to have them performed because he was extremely afraid of needles and he did not believe that they were helpful for his condition. Considering the injured worker had a 4-5mm compression of the cord and had not gotten better with conservative treatment and did not wish to pursue epidural steroid injections, he was recommended to go ahead with anterior cervical decompression and fixation with fusion at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Preoperative electrocardiogram (ECG).

**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 chapter, Preoperative electrocardiogram (ECG).

**Decision rationale:** The request for electrocardiogram (ECG) is not medically necessary. The previous request was denied on the basis that the surgical procedure had not been certified; therefore, the requested ECG was not warranted. After reviewing the clinical documentation submitted for review, there was no additional significant objective information provided that would support the medical necessity of an ECG. Given the clinical documentation submitted for review, the medical necessity of the request for echocardiogram had not been established. Therefore, the request is not certified.