

Case Number:	CM14-0065697		
Date Assigned:	07/11/2014	Date of Injury:	04/16/2007
Decision Date:	08/13/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old male who reported an injury regarding his cervical region. The clinical note dated 04/23/14 indicates the injured worker complaining of cervical region pain with radiating pain into the left upper extremity all the way to the fingers. The injured worker also was experiencing radiating pain to the upper back. The notes indicate the injured worker having undergone injections at the cervical region with no significant benefit. The operative report dated 04/03/14 indicates the injured worker undergoing an epidural steroid injection at C4-5. The clinical note dated 02/13/14 indicates the injured worker continuing with low back complaints that were rated as 6-7/10. The MRI of the cervical spine dated 12/06/13 revealed a midline disc protrusion at C6-7. No evidence of a significant disc herniation was identified. No spinal stenosis was revealed. Moderate left neuroforaminal compromise was identified with borderline spinal stenosis at C5-6. The utilization review dated 05/01/14 resulted in a non-certification for postoperative care to include medical clearance with the use of an electrocardiogram (EKG). The initial request for an operative procedure resulted in a denial; therefore, the need for pre and postoperative care was rendered non-certified at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance for an Electrocardiogram (EKG): 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, Lumbar & Thoracic (Acute & Chronic).

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, Pre-operative electrocardiogram (ECG).

Decision rationale: The request for a preoperative medical clearance for an electrocardiogram (EKG) is not medically necessary. The documentation indicates the injured worker complaining of cervical region pain with radiating pain into the left upper extremity. Preoperative EKG is indicated for injured workers who are undergoing high risk surgery or the injured worker's advanced age would medically indicate the need for this procedure. No information was submitted regarding the injured worker's approval of a surgical intervention. Therefore, it is unclear if the injured worker would require a preoperative clearance at this time. Without the information confirming the injured worker is undergoing a surgical procedure, this request is not indicated as medically necessary.