

Case Number:	CM14-0077348		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2011
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 Interventional Spine 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 patient is a 59-year-old male with a date of injury of 05/19/2011. The listed diagnoses per [REDACTED] are: Lumbago; Lumbosacral spondylosis without myelopathy; Spinal stenosis of lumbar spine. According to progress report 04/24/2014, the patient presents with back pain, left thigh pain, and left toe numbness. The patient states his low back pain is 8/10 and radiates to his left thigh and feet. His main concern is that he is unable to walk or work due to pain. Examination revealed 5/5 bilateral lower extremity strength, left S1 distribution of pain down posterior thigh and 2+ patellar reflexes. Due to patient's symptoms, the treater recommended an EMG/nerve conduction test to see if his pain is coming from his low back. Progress report 04/24/2014 and 05/14/2014 requests EMG/nerve conduction study and cortisone injection. Progress report 06/11/2014 requests a transforminal ESI of the lumbar spine. This is a request for EKG. The medical file provided for review does not discuss a request for EKG. Utilization review denied the request for EKG on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (updated 3/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative ECG Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. (Fleisher, 2008) (Feely, 2013) (Sousa, 2013) Criteria for Preoperative electrocardiogram (ECG): High Risk Surgical Procedures:- These are defined as all vascular surgical procedures (with reported cardiac risk often more than 5%, which is the combined incidence of cardiac death and nonfatal myocardial infarction), and they include: - Aortic and other major vascular surgery; & - Peripheral vascular surgery.- Preoperative ECG is recommended for vascular surgical procedures. Intermediate Risk Surgical Procedures:- These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: - Intraperitoneal and intrathoracic surgery; - Carotid endarterectomy; - Head and neck surgery; & - Orthopedic surgery, not including endoscopic procedures or ambulatory surgery.- Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease- Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: - History of ischemic heart disease; - History of compensated or prior HF; - History of cerebrovascular disease, diabetes mellitus, or renal insufficiency. Low Risk Surgical Procedures:- These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: - Endoscopic procedures; - Superficial procedures; - Cataract surgery; - Breast surgery; & - Ambulatory surgery.- ECGs are not indicated for low risk procedures.

Decision rationale: The patient presents with low back and left thigh pain with left toe numbness. The patient states his low back pain is 8/10 and radiates into his thigh and into his feet. This is a request for an EKG but the progress reports provided do not discuss this request. Utilization review denied the request stating "patient's main concern was that the patient was unable to walk or work due to pain. Therefore, the request for EKG is not certified." The ACOEM and MTUS do not discuss EKG. ODG has the following on preoperative ECG, "recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiograph. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status." In this case, the patient is not scheduled for surgery and the treater does not discuss why an EKG is necessary. The reports do not contain any discussion regarding the patient's heart condition either. Recommendation is that the request is not medically necessary.