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| Case Number: | CM14-0099051 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 07/22/2006 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 43 year old male who sustained an industrial injury on 07/22/2006. His history was significant for L4-L5 and L5-S1 lumbar spine fusion in 2009. On 12/03/13, he underwent MRI of lower back that revealed herniated disc above the surgery site. He had epidural injections to the lower back. On January, 22, 2014, he underwent MRI of the right knee and in March 2014, he had knee surgery. On 05/19/14 he had MRI of lumbar spine that showed disc space narrowing and spurring of L3-L4 with severe degree of stenosis. The Orthopedic note from 05/19/14 was reviewed. Subjective complaints included back pain, leg pain, neck pain and arm pain. He also had numbness of finger, left hand, left leg, thigh, ankle and foot. He also had weakness in left leg. He had incontinence, hesitancy, dribbling and constipation. Pain was 10/10 in back and leg. Prior treatments included physical therapy and medications. His past history was significant for asthma. His current medications included Levitra. His diagnosis was lumbar stenosis and plan was for direct lateral interbody fusion and posterior fusion L3-L4. The request was for EKG.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative testing before non-cardiac surgery: guidelines and recommendations: Feely et al, Am Fam Physician. 2013 Mar 15; 87(6): 414-418

Decision rationale: According to evidence cited above, EKG is recommended before intermediate risk procedures in patients with at least one clinical risk factor including cerebrovascular disease, congestive heart failure, diabetes mellitus and ischemic cardiac disease. The employee has no prior documented history of any of the above significant risk factors. The procedure he is scheduled to have is intermediate risk. Given the absence of risk factors, young age and intermediate risk procedure, current guidelines, don't support preoperative EKG. The request is not medically necessary.