

<b>Case Number:</b>	CM14-0126649		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 71-year-old male with a date of injury of 07/20/2006. According to progress report dated 06/10/2014, the patient presents with gastritis, bright red blood per rectum, constipation, acid reflux, and melena. The patient's treatment history includes medications, physical therapy, acupuncture sessions, injections, and surgery of the left knee in 2008. The patient states that his abdominal pain, acid reflux, constipation, melena, and bright red blood per rectum are attributed to the medications prescribed. The patient's current medications include hydrocodone 10/325 mg, lisinopril 20 mg, simvastatin 20 mg, omeprazole 20 mg, Advair inhalant, albuterol inhalant, and Preparation H. Examination revealed patient suffers from abdominal pain and complains of numbness and tingling in her upper and lower extremities. The patient reports musculoskeletal pain in the cervical, thoracic, and lumbar spine and the left knee. The listed diagnoses are: 1. Abdominal pain. 2. Acid reflux, rule out ulcer. 3. Constipation. 4. Bright red blood per rectum, rule out hemorrhoid secondary to constipation. 5. Orthopedic diagnosis (defer to appropriate specialist). The treating physician states that he has ordered labs, an EKG, and abdominal ultrasound for further evaluation. The utilization review denied the request on 07/16/2014. Treatment reports from 01/14/2014 through 06/10/2014 were provided for review.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back- lumbar & thoracic chapter, Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing

**Decision rationale:** This patient presents with neck, low back pain, and abdominal pain. The patient also suffers from acid reflux and constipation. The current request is for EKG. The utilization review denied the request stating that there is no suspicion of heart disease, and there is insufficient evidence provided to associate or establish the medical necessity for an EKG. The MTUS and ACOEM Guidelines do not discuss EKG. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is 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." In this case, the treating physician has requested an EKG for further evaluation, but does not discuss specifically why an EKG is medically necessary. It appears the treating physician is ordering an electrocardiogram as routine procedure and has not discussed the rationale for this request or provided patient risk assessment. Furthermore, ODG supports EKGs for patients undergoing high-risk surgery and there is no indication that this patient is pending surgery. The requested EKG IS NOT medically necessary.