

Case Number:	CM14-0193051		
Date Assigned:	12/02/2014	Date of Injury:	09/04/2012
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old male who was injured on 9/4/2012 affecting his back. He was diagnosed with cervical sprain/strain, cervical spondylosis, lumbar spondylosis, bilateral knee pes anserinus, bilateral knee patellofemoral chondromalacia, right knee meniscal tear, bilateral ankle sprain/strain, and shoulder injury. He was treated with lumbar surgery, medications and physical therapy. He was also diagnosed with gastritis and duodenitis. On 9/25/10, the worker's spinal surgeon recorded the worker complaining of low back pain and worse neck and shoulder pain as well as bilateral knee pain. Physical examination revealed muscle spasm and tenderness along lumbar area and no significant neural deficits. The surgeon then recorded that a previous request for lumbar surgery was pending. He was also recommended to continue his pain medications. On 10/1/2014, the worker was seen for an initial psychological evaluation from a new psychologist who diagnosed him with major depressive disorder related to his chronic pain. He had been treated with antidepressant medication in the past, and was recommended Cymbalta psychotherapy. A request for an ECG and chest x-ray were submitted by a separate provider. No notes from this other provider's medical office was found in the documents provided for review and no information found in the documents help to explain the request for these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (ECG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

Decision rationale: The MTUS Guidelines do not address ECG testing as a general screening for injuries or chronic pain. However, for some medications such as tricyclic antidepressants, a screening ECG is recommended prior to initiation of therapy as they can affect cardiac conduction. In the case of this worker, there was insufficient information provided which might help explain the reason for the request for the ECG. There was no evidence of any new medication being started which might have required a screening ECG. Without this information the ECG is not medically necessary.