

<b>Case Number:</b>	CM14-0197811		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational 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 applicant has filed a claim for chronic neck, wrist, and thumb pain reportedly associated with an industrial injury of July 24, 2013. In a Utilization Review Report dated October 23, 2014, the claims administrator approved a consultation while denying an EKG. The claims administrator invoked a September 25, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a November 28, 2014 dentistry note, the applicant was described as having various dental lesions and decay. In a September 22, 2014 neurologic evaluation, the applicant was described as having various and sundry neurologic complaints, including headaches, dizziness, loss of balance, and difficulty concentrating. The applicant appeared depressed. The applicant scored 26/39 on Mini-Mental Status Exam. A neuropsychological evaluation was endorsed. The attending provider suggested that the applicant undergo an electronystagmogram (ENG) to determine the source of the applicant's vertigo and dizziness. The attending provider alluded to the applicant's having had earlier MRI imaging of September 19, 2013 which was nonspecific.

### 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:** Decision based on MTUS Chronic Pain Treatment 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: Medscape, Electrocardiography Article

**Decision rationale:** The MTUS does not address the topic while Medscape notes that EKG testing is routinely employed in the evaluation of applicant's with implanted defibrillators and pacemakers, to detect myocardial injury or ischemia, to evaluate syncope and/or arrhythmias, and/or to evaluate side effects of pharmacotherapy, in this case, however, it does not appear that the applicant carries any of aforementioned diagnoses or suspected diagnoses. The requesting provider wrote in its progress note of September 22, 2014 that he intended for the applicant's to undergo nystagmography (ENG) testing to evaluate the source of the applicant's vertigo and dizziness. The requesting provider, a neurologist, stated that he wished to perform a vestibular workup of the applicant. The request for ENG testing was apparently misconstrued as a request for EKG testing, either on the RFA form or via the utilization review report. Therefore, the request for an EKG is not medically necessary.