MAXIMUS Federal Services

Case Number:	CM14-0078590		
Date Assigned:	07/18/2014	Date of Injury:	12/07/2012
Decision Date:	04/20/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 28 year old, male patient, who sustained an industrial injury on 12/07/2012. A primary treating office visit dated 04/30/2014 reported a chief complaint of cervical pain. The pain is rated an 8 out of 10 in intensity. The patient indicates that heat application worsens the pain; along with turning the neck. Medications do have some temporary relief of symptom. He also has low back pain. The patient does have a history of fractured neck. A request was made for an electrocardiogram testing. On 05/16/2014, Utilization Review, non-certified the request, noting the ODG, Low Back, Preoperative electrocardiogram, was cited. On 05/29/2014, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 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, Low Back (updated 05/12/2014), Criteria for Preoperative Electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Preoperative electrocardiogram (ECG) section.

Decision rationale: The MTUS Guidelines do not address the use of electocardiogram (EKG). The ODG recommends EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. EKGs are not indicated for low risk procedures. The purpose of this request is not explicitly explained by the requesting physician. The injured worker is noted to be a 28 year old male with no cardiac risk factors, and is being referred for consideration of vertebroplasty procedure. Vertebroplasty is a low risk back surgery that involves a puncture through the skin without incision. Anesthesia is generally a local anesthetic and conscious sedation. The request for one (1) EKG is determined to not be medically necessary.