

Case Number:	CM15-0002735		
Date Assigned:	01/13/2015	Date of Injury:	01/27/2005
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 an adult male who previously sustained a work related injury on 1/27/2005 after a trip and fall while carrying a box. He sustained a low back injury that was further evaluated by an MRI, and for which he has previously received lumbar epidural steroid injections for. Due to immobility he claimed that he had gained 25 lbs causing him to become obese. This review is to determine the medical necessity of this patient's physician having ordered an EKG. This patient has the following diagnoses: obesity, type 2 diabetes mellitus, hypertension, hyperlipidemia, GERD, and constipation. A primary care physician's progress note states that the pt's average BP read is 128/72, but that he has occasional spikes up to 190/102. For further evaluation of this patient's hypertension, labs, EKG, Stress test, and Echocardiogram were ordered. The patient has not had any chest pain or shortness of breath. A 10/22/2014 internal medicine consultative report to primary treating physician states that this physician believes that the patient's hypertension is attributed to his work related injury, which lead to his obesity and consequently to his hypertension diagnosis. A utilization review physician did not certify a request for an EKG, and therefore an Independent Medical Review has been requested to determine the medical necessity of this requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319> - A.D.A.M. Medical Encyclopedia [Internet], Electrocardiogram ECG; EKG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Treatment of Severe Asymptomatic Hypertension. AAFP (American Academy of Family Physicians)

Decision rationale: MTUS/ACEOM/ODG guidelines do not specifically address this request. Therefore, other reputable sources were referenced. According to the JNC7 (as referenced by the AAFP,) "There is no consensus about the necessary laboratory workup of patients with severe asymptomatic hypertension. The JNC 7 recommends an array of testing only before initiating therapy in patients with newly diagnosed hypertension. 6 Several studies have examined the usefulness of routine screening for end-organ damage in patients with severe hypertension.11, 17 and 18. These studies did not show clear evidence that electrocardiography (ECG), complete blood count, basic metabolic profile, or urinalysis affects acute medical decisions or improves short-term outcomes. Until further guidelines are established, clinical judgment (and pretest probability) must be used to determine which tests may be useful." This patient's hypertension is not newly diagnosed. Whether or not he has had prior EKG studies is not discussed. His BP is described as being reasonably well controlled - 128/72, although occasional spikes have been noted. It is not documented if the patient is at all symptomatic during such spikes (headaches, chest pain, shortness of breath, etc...) The medical necessity of this requested EKG has not been established based on the medical records provided.