

Case Number:	CM15-0015728		
Date Assigned:	02/06/2015	Date of Injury:	01/16/2012
Decision Date:	04/08/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 31 year old female, who sustained an industrial injury on January 16, 2012. She has reported while resuscitating a dog she noted tightness in lower back with numbness in her buttock region. The diagnoses have included degenerative disc disease and discogenic disease plus a disc protrusion of the lumbar spine at L5-S1 as well as mild facet spondylosis at L5-S1 and at L4-5 associated with bilateral lower extremity radiculitis. Treatment to date has included bilateral intra-articular facet injections on June 10, 2014 with noted twenty percent relief, six sessions of chiropractic treatment with significant temporary relief. Currently, the injured worker complains of back pain with bilateral leg symptoms. In a progress note dated September 29, 2014, the treating provider reports lumbar spine the majority of the pain is deeper than on the surface of the skin. On December 23, 2014 Utilization Review non-certified a cardio-respiratory/autonomic function assessment EKG, noting, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory/autonomic function assessment/EKG 95921, 95922, 93040: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=39208search-org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation What is an electrocardiogram? National Heart, Lung, and Blood Institute, Department of Health and Human Services. Website accessed 02/07/2015. <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg/>. Stevens MJ. Diabetic autonomic neuropathy. Topic 5285, version 13.0. UpToDate, accessed 02/19/2015. Sudoscan product information. Impetomedical. <http://us.impeto-medical.com/sudoscan/about-sudoscan>. Accessed 02/19/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 02/11/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Electrocardiograms (ECG or EKG) look at the flow of electricity through the heart and create a tracing or image that reflects this flow. The flow of electricity through the heart is related to its rhythm and rate. An ECG is often done to evaluate chest pain; high blood pressure; signs or symptoms of an abnormal heart rate or rhythm; or a concern that the flow of electricity through the heart may be abnormal, such as can occur with certain medications. There are several tests that look at sweat gland function as a way of looking at the overall state of a part of the nervous system. There is limited research to support this type of testing. Cardiorespiratory testing generally looks at the heart and lungs overall, their functions, their structures, and the related blood flow. The submitted and reviewed records indicated the worker was experiencing pain in the lower back and both legs. The submitted and reviewed documentation did not indicate the worker was experiencing any signs or symptoms suggesting any of the above heart issues were a concern. There was no discussion detailing special issues that sufficiently supported this request. Further, the request did not specify which tests of the cardiorespiratory and autonomic systems were needed, and accepted guidelines and the literature cannot therefore be applied. For these reasons, the current request for unspecified cardiorespiratory testing, an autonomic function assessment, and an electrocardiogram is not medically necessary.