

<b>Case Number:</b>	CM15-0130728		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, California  
 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 injured worker is a 56-year-old male with a work injury dated 04/29/2008. His diagnoses included abdominal pain, acid reflux, rule out ulcer; sleep disorder and status post H. Pylori treatment. Prior treatment included surgery and medications. He presented on 05/07/2015 noting improved acid reflux and improved abdominal pain. He also reports improved sleep quality and improved bloating/gas. Physical exam noted lungs were clear, heart with regular rate and rhythm and abdomen was soft with normoactive bowel sounds. Current medications included Prilosec, Probiotics, Sentra AM and Gabadone. The injured worker was advised to avoid NSAID's. The requested treatment is for electrocardiogram (EKG).

### 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 ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Circulation/AHA guidelines 2014 pg 418-500.

**Decision rationale:** As with pre-op testing, EKG is indicated in high-risk individuals, In this case, the claimant had acid reflux symptoms, which were getting better. There were no cardiac or vascular symptoms. The EKG request was no justified. Although reflux symptoms can mimic cardiac disease, the request for an EKG is not medically necessary.