

<b>Case Number:</b>	CM15-0135132		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/27/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: North Carolina

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:

This 59-year-old male sustained an industrial injury to the head, neck, and low back and right knee on 9/27/14. Previous treatment included physical therapy, chiropractic therapy and medications. In an internal medicine evaluation dated 6/5/15, the injured worker complained of pain to the neck, low back and right knee associated with weakness and numbness to the feet. The injured worker was unable to sleep through the night due to pain. Past medical history was significant for hypertension, hypercholesterolemia, depression and diabetes mellitus. The injured worker was noted to be a former smoker and a social drinker. The injured worker drank one caffeinated drink per day. Review of systems was negative with the exception of musculoskeletal complaints. No physical assessment was documented. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, right knee sprain/strain, diabetes mellitus, insomnia, depression and hypertension. The treatment plan included medications (Cyclobenzaprine, Atorvastatin, Sertraline, Ibuprofen, Lisinopril and Metformin), obtaining an electrocardiogram due to hypertension, obtaining an echocardiogram due to hypertension and diabetes mellitus and checking routine laboratory studies (CBC, CMP, lipids, TSH and HgA1C).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram (EKG): 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/pubmed/11533927>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, EKG.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date guideline states that an EKG is indicated in the evaluation of chest pain, disorders of heart rhythm, palpitations and other cardiac disorders. The review of the provided clinical documentation does not show any primary complaint that would require an EKG. The patient is not on any medication that requires EKG. Therefore, the request is not medically necessary.