MAXIMUS Federal Services

Case Number:	CM15-0182604		
Date Assigned:	09/23/2015	Date of Injury:	05/30/2006
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, 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:

This is a 51-year-old male patient who sustained an injury on 5-30-2006. He sustained the injury while climbing up several tire racks and jumped down. The diagnoses include lumbar degenerative disc disease, chronic pain syndrome, headaches, left upper extremity paresthesias and myofascial pain. According to the progress report dated 8-12-2105, he had complaints of low back pain. He reported that he had been swimming, which he found helpful and walking. He reported completing the spinal cord stimulator psychological evaluation. The physical examination revealed a mildly antalgic gait, mild tenderness in the paraspinal muscles, positive Straight leg raise on the left. The current medications list includes Morphine, Percocet, Cymbalta, Lyrica, Lunesta, Ibuprofen and Soma. His medical history includes depression and hypertension. He has undergone lumbar spine fusion in 2009, carpal tunnel release in 2003 and appendectomy in 1993. He has had multiple diagnostic studies including EMG/NCS lower extremities on 2/26/2015; CT lumbar spine dated 5/28/2015 and lumbar spine MRI on 1/16/2015. He has had transcutaneous electrical nerve stimulation (TENS) unit (failed), physical therapy (plateaued) and medications for this injury. Patient was authorized for spinal cord stimulator trial. The original Utilization Review (UR) (9-1-2015) denied requests for an electrocardiogram and a one-month trial of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Preoperative electrocardiogram (ECG).

Decision rationale: 1 EKG. Per the cited guidelines preoperative electrocardiogram (ECG) is "Recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. (Fleisher, 2008) (Feely, 2013) (Sousa, 2013) Criteria for Preoperative electrocardiogram (ECG): High Risk Surgical Procedures: These are defined as all vascular surgical procedures (with reported cardiac risk often more than 5%, which is the combined incidence of cardiac death and nonfatal myocardial infarction), and they include: Aortic and other major vascular surgery; & Peripheral vascular surgery. Preoperative ECG is recommended for vascular surgical procedures. Intermediate Risk Surgical Procedures: These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: Intraperitoneal and intrathoracic surgery; Carotid endarterectomy; Head and neck surgery; & Orthopedic surgery, not including endoscopic procedures or ambulatory surgery. Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebro-vascular disease, Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: History of ischemic heart disease; History of compensated or prior HF; History of cerebrovascular disease, diabetes mellitus, or renal insufficiency....." Per the records provided patient was authorized for spinal cord stimulator trial. This 51 years old male patient has history of hypertension. An ECG is medically appropriate as a part of pre op testing. Abnormal results may modified the approach to the patient's pre-operative, operative and post operative management. The request of 1 EKG is medically appropriate and necessary for this patient.

1 Month trial of H-wave Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: 1 Month trial of H-wave Unit. Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Per the records provided patient had been swimming, which he found helpful and walking. Evidence that H-wave unit is used as an adjunct to a program of evidence-based functional restoration is not specified in the records provided. Evidence of significant functional deficits that would require H-wave is not specified in the records provided. The medical necessity of 1 Month trial of H-wave Unit is not fully established for this patient at this juncture.