

<b>Case Number:</b>	CM15-0184672		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Georgia  
 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 40 year old male who sustained an industrial injury 02-03-10. A review of the medical records reveals the injured worker is undergoing treatment for neck pain, depression, chronic back pain, chronic intractable pain, L5-S1 annular tear and disc degeneration, and status post L5-S1 total disc arthroplasty. Medical records reveal the injured worker complains of lower back and mid back pain rated at 10/10 without medications and 7/10 with medications, headaches at 0-9/10 without medications and 5/10 with medications, neck pain rated at 0-8/10 without medications and 0-5-10 with medications, and right knee pain rated at 4/10 without medications and 1/10 without medications. The physical exam (08-22-15) reveals the injured worker has an antalgic gait and uses a single paint cane. Palpable tenderness is noted in the paravertebral muscles. Prior treatment includes medications and back surgery. The treating provider reports that due to preexisting cardiac issues and the forced weaning of pain medications, an EKG is requested to determine if it is safe to continue weaning as an outpatient or if inpatient status is required for the injured worker safety. The original utilization review (09-02-15) non-certified the request for an EKG.

### 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.mdguidelines.com/electrocariogram>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, and Pre-operative EKG.

**Decision rationale:** CA MTUS is silent on the topic of electrocardiogram. ODG section of Low Back states electrocardiography may be indicated prior to certain high or moderate risk procedures, depending on individual risk factors. The decision to order an electrocardiogram should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the worker is described as having cardiovascular risk factors but these are not described in detail. There is no cardiovascular examination. Weaning of pain medications is a low risk procedure for which there is no indication for electrocardiogram. There is no documentation of any other indication for electrocardiogram. Electrocardiogram is not medically indicated.