

Case Number:	CM15-0217931		
Date Assigned:	11/09/2015	Date of Injury:	09/20/2008
Decision Date:	12/28/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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, Texas

Certification(s)/Specialty: Internal 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 48 year old, female who sustained a work related injury on 9-20-08. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 9-22-15, 10-15-15 and 10-20-15, the injured worker reports low back pain. Upon physical exam dated 10-20-15, no cardiovascular problems noted. Vital signs taken at this visit include a B-P 128-72, heart rate 84 and oxygen saturation of 98%. She has a history of high blood pressure (from other provider's notes). She has no side effects from medications. She has a family history of heart problems. Treatments have included physical therapy, medications and injections. Current medications include Cymbalta, Hydrochlorothiazide, Naprosyn, Norco, Prilosec, Topamax, and Zanaflex. She is temporarily totally disabled. The treatment plan includes requests for medication refills. The Requests for Authorization dated 10-20-15 have requests for an EKG every 6 months and Norco. In the Utilization Review dated 10-27-15, the requested treatment of an EKG every 6 months is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG (Electrocardiogram) every 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web MD (<http://www.webmd.com/heart-disease/electrocardiogram>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding using an ECG for the purpose of chronic pain or monitoring of medications. According to Uptodate.com, an ECG is not recommended for monitoring a patient taking medications including Cymbalta, Naprosyn, Norco, Topamax or Zanaflex. The documentation does not support that the patient had any cardiac complaints or indication for active coronary disease. The physical exam was not concerning for active cardiac disease. The medical necessity for an ECG q 6mo is not made. The request is not medically necessary.