

Case Number:	CM15-0042901		
Date Assigned:	03/13/2015	Date of Injury:	09/15/2012
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Emergency 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 35 year old female, who sustained an industrial injury on 9/15/12. She reported pain in the neck, bilateral shoulders, mid and lower back and bilateral lower extremities related to cumulative trauma. She also sustained psychological trauma related to a robbery. The injured worker was diagnosed as having abdominal pain, acid reflux and constipation/diarrhea. Treatment to date has included psychiatric treatments and pain medications. As of the PR2 dated 1/7/15, the injured worker reports having acid reflux, abdominal pain, nausea and vomiting. She is taking over the counter Zantac three times daily. The treating physician recommended stopping all NSAIDs, an upper GI series, barium enema, abdominal ultrasound, an electrocardiogram and a consultation with a GI specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg>.

Decision rationale: The requested Electrocardiogram, is not medically necessary. CA MTUS and ODG are silent on this specific clinical issue. <http://www.nhlbi.nih.gov/health/health-topics/topics/ekg>/note that EKG's are indicated in a variety of clinical potential cardiac situations. The injured worker has acid reflux, abdominal pain, nausea and vomiting. The treating physician has not documented sufficient symptoms or exam findings indicative of acute cardiac pathology. The criteria noted above not having been met, Electrocardiogram is not medically necessary.