

Case Number:	CM15-0051505		
Date Assigned:	04/15/2015	Date of Injury:	07/17/2010
Decision Date:	06/30/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 07/17/10. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic treatments, physical therapy, a diagnostic facet medial branch block which provided 60-70% pain relief, and a psychologist evaluation. Diagnostic studies include x-rays, a lumbar MRI, and electrodiagnostic and nerve conduction studies. Current complaints include low back pain. Current diagnoses include degenerative lumbar/lumbosacral intervertebral disc, and lumbosacral spondylosis. In a progress note dated 02/03/15 the treating provider reports the plan of care as home exercise program, moist heat, stretches, a facet rhizotomy/neurotomy, as well as an EKG and preoperative blood work. The requested treatments include an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Lead EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cms.gov/MCD/viewlcd.asp?lcd_id=28255&lcd_version=19&show=all.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, EKG, pages 764-765 and Other Medical Treatment Guidelines National Guideline Clearinghouse, Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar; 116(3): 522-38.

Decision rationale: Review indicates the patient is scheduled for surgery with current requests to include multiple preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary disease, long-term smoking, and cardio-circulatory diseases to support for the routine preoperative tests. The 12 Lead EKG is not medically necessary and appropriate.