

<b>Case Number:</b>	CM15-0058394		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/29/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 29, 2013. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for an EKG apparently performed on February 18, 2015. The claims administrator suggested that the applicant had undergone earlier lumbar spine surgery on February 16, 2015. The applicant's attorney subsequently appealed. On March 7, 2015, the applicant was described as having undergone lumbar spine surgery. The applicant reported 10/10 pain complaints, severe. The applicant was using OxyContin, oxycodone, Neurontin, and Zanaflex, it was acknowledged. The applicant was using a walker to move about. The applicant was placed off of work, on total temporary disability. The applicant's medical history was not detailed on this occasion. On February 3, 2015, 28 sessions of postoperative physical therapy were proposed. The applicant was using OxyContin, Neurontin, oxycodone, and Flexeril, it was noted. The applicant's medical history was not detailed. In a postoperative visit dated March 4, 2015, the applicant's surgeon noted that the applicant had developed issues with depression. The EKG in question was apparently performed on February 18, 2015 and was notable for sinus tachycardia with a heart rate of 102 and an otherwise normal EKG. In an RFA form seemingly dated February 18, 2015, it appeared that the attending provider was seeking authorization for a postoperative EKG. No rationale for the same was furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective electrocardiogram (EKG) (DOS: 2/18/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1894014-overview>Electrocardiography Author: Ethan Levine, DO; Chief Editor: Richard A Lange, MDThe ECG is now routine in the evaluation of patients with implanted defibrillators and pacemakers, as well as to detect myocardial injury, ischemia, and the presence of prior infarction as well. In addition to its usefulness in ischemic coronary disease, the ECG, in conjunction with ambulatory ECG monitoring, is of particular use in the diagnosis of disorders of the cardiac rhythm and the evaluation of syncope. Other common uses of the ECG include evaluation of metabolic disorders, effects and side effects of pharmacotherapy, and the evaluation of primary and secondary cardiomyopathic processes among others.

**Decision rationale:** No, the request for an EKG was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While Medscape notes that indications for EKG testing include the evaluation of applicants with defibrillators, the evaluation of applicants with pacemakers, to detect myocardial injury or ischemia, and/or to determine the effects and/or side effects of pharmacotherapy, in this case, however, it was not clearly stated for what purpose EKG testing was proposed. The results of the EKG did not appear to have appreciably influenced or alter the treatment plan. The EKG in question was essentially negative, demonstrating only sinus tachycardia (a normal variant). Multiple progress notes, referenced above, contained no mention or references to the EKG in question. Therefore, the request is not medically necessary.