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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33-year-old female with a 2/28/11 date of injury secondary to repetitive trauma complaining of neck, shoulder, and hand pain with associated numbness and weakness radiating up to the neck. She had chiropractic treatment with little relief and an MRI of the neck from 2012 revealed a small disc bulge, but an MRI of the cervical spine dated 9/7/13 was normal. MRI's of the hands revealed developing arthritis. On 10/16/13, the patient saw the requesting physician with complaints of difficulty sleeping, gastrointestinal (GI) complaints, and pain management. She noted symptoms of acid reflux since 2012 and attributed them to medications. Her medications included Vicodin, Tizanidine, nabumetone, and omeprazole. She also reported confusion, poor self-esteem, and anhedonia. Exam findings revealed tenderness and decreased range of motion over the lumbosacral and cervical spine. The treatment to date include: greater than twenty (20) chiropractic sessions, acupuncture, and medications. The utilization review (UR) decision dated 12/10/13 denied the request for an electrocardiogram (ECG) given the patient was thirty-three (33), with no co-morbidities, normal vital signs, and no history of hypotension, syncope, palpations, history of heart attack, arrhythmia, or murmur.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) ELECTROCARDIOGRAPHY (ECG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Report of the third International Society for

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: This is a 33-year-old female with no complaints of chest pain, angina, arrhythmia, shortness of breath, congenital heart disease, or any other cardiac problem. She is complaining of gastric reflux secondary to medication use. However, there is no indication for electrocardiography in this 33-year-old female, with no known or suspected cardiopulmonary disorders. In addition, there has been no comprehensive cardiac exam performed in the documentation provided. Therefore, the request is not medically necessary.