

<b>Case Number:</b>	CM14-0212708		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 20, 2008. In a Utilization Review Report dated December 11, 2014, the claims administrator retrospectively denied an EKG performed on August 21, 2014. The applicant's attorney subsequently appealed. In a progress note dated June 24, 2014, the applicant reported ongoing complaints of neck, wrist, bilateral shoulder, and low back pain, apparently attributed to cumulative trauma from repetitively lifting at work. The applicant had received various treatments over the course of the claim, including acupuncture, psychotherapy, psychotropic medications, and epidural steroid injection therapy. The applicant was using Celebrex for pain relief, it was incidentally noted. The applicant's permanent work restrictions were renewed. The applicant was asked to pursue epidural steroid injection therapy. The progress note contained no references to the request for an EKG. Physical therapy was endorsed. On July 28, 2014, the applicant received chiropractic manipulative therapy, myofascial release therapy, traction, and electrical stimulation for ongoing, multifocal complaints of neck, low back, elbow, and shoulder pain. On August 21, 2014, the applicant consulted a rheumatologist. Multifocal pain complaints were noted. The applicant's rheumatologist stated that EMG testing was performed in the clinic to search for radiculopathy versus myositis versus polymyositis versus dermatomyositis. In a handwritten prescription form dated August 21, 2014, the attending provider ordered an EKG. The attending provider did not state for what purpose the EKG was ordered. The EKG was notable for sinus bradycardia, sinus arrhythmia, and otherwise normal EKG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro EKG/ECG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Medscape, Electrocardiography article.

**Decision rationale:** While the MTUS does not specifically address the topic of EKG testing, the MTUS Guideline in ACOEM Chapter 8, page 165 does note that it is incumbent upon an attending provider to incorporate some discussion of diagnostic considerations and/or the special studies needed to identify clinical pathology. Here, the attending provider did not clearly state for what purpose the EKG testing at issue was ordered. The attending provider did not clearly state why the EKG testing was ordered. The narrative progress note of August 21, 2014 contained no mention of the need for EKG testing. While Medscape does acknowledge that EKG testing can be employed to evaluate applicants with defibrillators and/or pacemakers, to detect myocardial injury, ischemia, prior infarction, to evaluate metabolic disorders, to evaluate side effects of pharmacotherapy, etc., in this case, however, it was not clearly stated for what purpose the EKG in question was performed. The attending provider did not attach any narrative commentary along with the order for the EKG. Therefore, the request was not medically necessary.