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| Case Number: | CM15-0171409 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 9-12-12. Medical record indicated the injured worker is undergoing treatment for lumbar herniated disc, chronic back pain, lumbar radiculopathy, lumbar degenerative disc disease, chronic radicular low back pain, myofascial pain, neuropathic pain and back pain with radiation. Treatment to date has included epidural injection, microdiscectomy (4-2014), oral medications including Excedrin, Celebrex 200mg, Cyclobenzaprine 5mg, Nortriptyline 10mg, Tramadol 50g and Norco and topical Lidocaine; spinal cord stimulator trial and activity modifications. He was previously prescribed Oxycontin 20mg and was instructed to discontinue. Currently on 6-17-15, the injured worker complains of leg and lower back pain rated 9 out of 10. The progress note stated urine drug screen performed on 5-4-15 was positive for hydrocodone which was not prescribed by them. On 4-24-15, a spinal cord stimulator implant was recommended. Physical exam performed on 6-17-15 revealed no abnormalities. The treatment plan on 6-17-15 included continuation of Celebrex, Flexeril, lidocaine and starting of Nortriptyline. On 8-12-15, utilization review non-certified a request for an EKG noting EKG's are recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. There is no documentation of risk factors and the necessity of the spinal cord stimulator has not been substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preoperative clearance.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG states that preoperative testing is indicated for risk stratification and after care management. The type of preoperative clearance depends on the type of surgery and the patient's co-morbid risk factors. The surgery is not listed as high risk and the patient has no listed co morbid conditions requiring an EKG. Therefore, the request is not certified.