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| Case Number: | CM15-0038081 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/08/2008 |
| Decision Date: | 06/23/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/28/2015 |

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, Pain Management

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 48 year old male, who sustained an industrial injury on 7/08/2008. Diagnoses include failed low back surgery syndrome. Treatment to date has included medications including Advil and Aleve, physical therapy, acupuncture, lumbar epidural injections x 3, and surgical intervention (lumbar decompression L5-S1 2008). Per the Primary Treating Physician's Progress Report dated 1/06/2015, the injured worker reported low back pain and left lower extremity pain. Average pain is reported as 6/10 over the last week. Physical examination is recorded as height 5 feet 5 inches and weight 270kg. The plan of care included diagnostics and authorization was requested for an electrocardiogram (EKG), chest x-ray, laboratory evaluations, urinalysis and preoperative medical clearance.

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 (ODG), Online Edition, Chapter: Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Neck Chapters, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for EKG, California MTUS and ACOEM do not contain criteria for the use of preoperative EKG. ODG states preoperative electrocardiogram is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery, who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Within the information made available for review, there is no indication of a high-risk surgery or intermediate-risk surgery with additional risk factors. In the absence of such documentation, the currently requested EKG is not medically necessary.