

<b>Case Number:</b>	CM15-0076306		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: 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 injured worker is a 67 year old male, who sustained an industrial injury on 8/1/2000. He reported injury from repetitive lifting and heavy work. The injured worker was diagnosed as having myofascial pain syndrome, status post lumbar fusion; status post left hip surgery, lumbar radiculopathy and lumbar spondylosis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture and medication management. In a progress note dated 3/17/2015, the injured worker complains of low back pain. The treating physician is requesting an electrocardiogram. Methadone has been approved for use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EKG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Methadone Page(s): 61, 62.

**Decision rationale:** MTUS Guidelines support EKG testing in conjunction with the use of Methadone. Guidelines point out that Methadone can cause arrhythmias and a prolonged QT interval. EKG testing is necessary to rule out pre-existing problems that might contraindicate Methadone. Under these circumstances, the EKG is supported by Guidelines and is medically necessary.