

Case Number:	CM14-0144999		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2001
Decision Date:	10/23/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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:

The injured worker is a 42-year-old who reported an injury on July 18, 2001 due to a back injury while working as a nurse. The injured worker complained of low back pain with stiffness. The injured worker had diagnoses of intractable back syndrome, chronic pain due to trauma, cardiac pacemaker, orthostatic hypotension, lumbosacral neuritis or radiculitis, degeneration of the lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, post traumatic syndrome, postural orthostatic tachycardia syndrome, and sinus tachycardia. The past treatments included Holter monitor, chiropractic therapy, physical therapy, medications, gym activity, home exercise program, and a functional capacity program. The medications included Sumatriptan, Zanaflex, alprazolam, Zyprexa, Percocet, Protonix, lidocaine patch, fentanyl patch, and Fiorinal. Surgical history included a fusion with hardware removal and a sinoatrial node ablation with implantation of a permanent atrial pacemaker. Diagnostics included an EKG. The objective findings dated August 14, 2014 revealed blood pressure of 102/76 and heart rate of 88. The exam revealed no apparent distress, and was well nourished, and developed with muscle strength that was 5-/5 bilaterally. The examination of the lumbosacral revealed pain with Valsalva, positive FABER maneuver bilaterally, positive pelvic rock maneuver bilaterally, pain to palpation over the L4-5 and the L5-S1 facet capsules bilaterally, pain with rotation, extension, indicative of facet capsular tears, and secondary myofascial pain with triggering bilaterally. The treatment plan included medications, evaluation for a spinal cord stimulator trial, and an EKG. The Request for Authorization dated September 14, 2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.com

Decision rationale: The California MTUS/ACOEM and the Official Disability Guidelines did not address this request. Therefore, refer to webmd.com. You may receive an EKG as part of a physical examination at your health professional's office or during a series of tests at a hospital or clinic. EKG equipment is often portable, so the test can be done almost anywhere. If you are in the hospital, your heart may be continuously monitored by an EKG system; this process is called telemetry. The clinical notes dated August 14, 2014 did not indicate that the injured worker was in distress. The injured worker had had a prior EKG, however no results were provided. The vital signs were within normal limits. And a full cardiac workup was not evident in the clinical notes provided. The clinical notes were not clear as to why the injured worker required another EKG. The injured worker was not in any distress that would warrant an EKG. As such, the request for an EKG is not medically necessary or appropriate.

One consult with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Office Visit

Decision rationale: The California MTUS/ACOEM did not address. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The justification for a consult was not within the documentation. As such, the request for one consultation with [REDACTED] is not medically necessary or appropriate.