

Case Number:	CM13-0045912		
Date Assigned:	12/27/2013	Date of Injury:	04/09/1999
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 79-year-old male who reported a work related injury on 4/9/99. The patient has diagnoses of coronary artery disease, hypertension, and hypercholesterolemia. He underwent five vessel coronary artery bypass graft surgery in 2008, and it was reported he had not had any ischemic events since that time, nor had he undergone cardiac stress testing. Recent clinical documentation stated the patient remained clinically stable without chest pain, shortness of breath, palpitations, or dizziness. It was noted that he did not have any chest pain prior to undergoing cardiac stress testing due to dyspnea, which led to five vessel coronary bypass surgery. The patient developed Guillain-Barré syndrome in 2013 and was in a wheelchair for three months before he could walk with a walker. The patient was presently transitioning to a cane. The patient reported some swelling in his feet at the end of the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a PET pharmacologic stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Imaging Management, Inc., Diagnostic Imaging Utilization Management, 2012 Program Guidelines V.8.0, Cardiac Imaging, Positron Emission Tomography (PET) Myocardial Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Imaging Management Guidelines, Online Edition, Cardiac Imaging, page 107.

Decision rationale: Per recent physical exam of the patient, his heart rate was regular at 46, and his blood pressure was 158/70. The patient's oxygen saturation was 96% on room air. Cardiac assessment revealed a regular rhythm with grade 1/6 systolic murmur at left lower sternal border and LV apex, with no diastolic murmur or gallop. Fair pedal pulses were noted with a 2+ right dorsalis pedis pulse and a 2+ left posterior tibialis post. No edema was noted. Assessment was noted as coronary artery disease post five vessel coronary artery bypass graft surgery in 2008, hypertension with elevated blood pressure, hypercholesterolemia on secondary prevention therapy with atorvastatin, chronic renal disease stage II, and abnormal ECGs suggesting prior inferior infarct as well as lateral T-wave abnormalities. According to the American Imaging Management Guidelines, perfusion PET imaging is generally to be considered only when a patient has undergone recent nuclear stress testing or stress echocardiography with equivocal results. PET metabolic imaging is also used in patients with established coronary artery disease and left ventricular systolic dysfunction when determination of myocardial viability will influence the decision regarding revascularization. There was no evidence given in the submitted clinical documentation that the patient had undergone recent nuclear stress testing or stress echocardiography with equivocal results. Furthermore, perfusion PET myocardial imaging is not appropriate for screening for coronary artery disease in a symptomatic low risk patient regardless of patient's age or body habitus. Per recent documentation, the patient was noted to have remained clinically stable since his five vessel coronary artery bypass graft surgery in 2008. It was reported that he had not had any ischemic events since that time and had not undergone cardiac stress testing. He did not have signs or symptoms of chest pain, shortness of breath, palpitations, or dizziness. The clinical documentation presented for review does not meet guideline criteria for urgent PET pharmacologic stress test. Therefore, the request is non-certified.