MAXIMUS Federal Services

Case Number:	CM13-0052287		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2008
Decision Date:	03/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 California. 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 63-year-old male who reported injury on 07/15/2008. The specific mechanism of injury was not provided; however, on the date of 07/15/2008, the patient was noted to have chest pains while at home and an ambulance had to be called. The patient was noted to undergo a heart catheterization on 07/15/2008. The patient was noted to have an acute coronary syndrome with high grade blockage of the LAD and had a PTCA with an LAD stent. The patient was noted to have a perfusion stress test on 10/30/2009 which revealed an LV size normal, LV while motion normal, resisting ejection fraction of 60%, and a stress ejection fraction of 61%. The patient was noted to have myocardial perfusion study on 11/17/2010 which revealed non-ischemic sestamibi/SPECT imaging abnormal, possibly related to artifact, no ischemia noted, wall motion well preserved with ejection fraction of 60%. The patient's diagnoses were noted to include coronary artery disease, PCI stent, proximal LAD, Taxus, 07/2008, diagonal branch residual disease origin, and normal LV function. The patient's physical examination revealed the patient's cardiovascular rhythm was regular, S1 was normal and S2 was normally split.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexiscan Cardiolite Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASNC Imaging Guidelines for Nuclear Cardiology Procedures: Journal of Nuclear Cardiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.somc.org/heart/testing/lexiscan.php .

Decision rationale: The Physician Reviewer's decision rationale: Per Southern Ohio Medical Center, "the Lexiscan stress test is a stress test for patients who cannot walk on a treadmill." The patient was noted to have an EKG stress test on 09/14/2011 which was normal. The patient was noted to exercise 6.5 minutes on the Bruce protocol and achieved 79% of maximum predicted heart rate for age. The heart rate response was blunted but adequate for a diagnostic test. The clinical and electrographic response to exercises was non-ischemic. On 10/14/2013, the patient was noted to have left arm numbness followed by sharp localized precordial chest pain lasting about 15 seconds prompting hospitalization. The patient was noted to be rule out for MI by protocol and discharged for outpatient evaluation. The physician indicated that they were requesting a Lexiscan Cardiolite study to assess the patient's CAD status. The clinical documentation submitted for review failed to provide the patient could not participate in a treadmill test. The patient was noted to previously have a treadmill test in 2011. Given the above and the lack of documentation of exceptional factors, the request for Lexiscan Cardiolite study QTY 1.00 is not medically necessary.

Renal Panel Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASNC Imaging Guidelines for Nuclear Cardiology Procedures: Journal of Nuclear Cardiology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The clinical documentation submitted for review indicated the patient needed renal panel testing on a periodic basis due to hydrochlorothiazide and a Lasix combination. On 10/25/2012, the patient was noted to have undergone a basic metabolic panel which included the patient's GFR which was 76.0 with a normal being greater than 60, a creatinine of 1.0 with normal being 0.7 to1.2, BUN of 23 with normal being 6.0 to 20.The clinical documentation submitted for review indicated the patient needed renal panel testing on a periodic basis due to hydrochlorothiazide and a Lasix combination. The patient was noted to have previous testing on 10/25/2012. The patient's BUN was noted to be slightly elevated and given the documented rationale, the request for a renal panel testing is medically necessary