

Case Number:	CM13-0052378		
Date Assigned:	06/13/2014	Date of Injury:	10/16/2012
Decision Date:	08/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Rheumatology and is licensed to practice in Maryland. 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 patient is a 55 year old male with date of injury 10/16/2012. The mechanism of injury is stated as hurting his back while moving heavy furniture. The patient has complained of lower back pain with pain radiating to his leg since the date of injury. He has been treated with ultrasound, epidural corticosteroid injections, physical therapy, medications and surgical consultation. MRI of the lumbar spine performed in 11/2012, revealed spondylolisthesis at L4-5 and canal stenosis at L2-L5. EMG (Electromyography)/ NCV(Nerve Conducting Velocity) studies performed 12/2012 revealed a left L5 radiculopathy. Objective: decreased range of motion of the lumbar spine, painful range of motion of the lumbar spine, weakness of the bilateral extensor hallucis longus and stiff gait. Diagnoses: lumbar radiculopathy, lumbar spine degenerative joint disease. Treatment plan and request: Adenosine Stress Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADENOSINE STRESS TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pre-Operative guidelines.

Decision rationale: There is no documentation in the available medical records of a request for an Adenosine stress test nor is there documentation that a surgical procedure is deemed medically necessary. There is no documentation that a pre-operative evaluation has been performed and that further cardiac risk stratification with an Adenosine stress test is indicated. On the basis of this lack of medical documentation, the Adenosine Stress Test is not medically necessary.