

Case Number:	CM14-0005476		
Date Assigned:	01/16/2014	Date of Injury:	05/31/2000
Decision Date:	01/23/2014	UR Denial Date:	01/06/2014
Priority:	Expedited	Application Received:	01/15/2014

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 Occupational Medicine, 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 67 year old man with a DOI of 5/31/2000. The patient has a history of a CABG and has a diagnoses of type II diabetes, hypertension, and dyslipidemia. On report dated 12/17/2013, the patients Hgb A1C had reduced from 12% to 6.9%. It also states that the patient is not needed nitroglycerin. It states that he had one episode of chest tightness in the heat in the summer that resolves when he went indoors. Since the patient has been serving meals in a community average program has been very active he has been using a low sodium diet, a call reduction, and has weight loss of up to 50 pounds. He's touring his medications without side effects. The reports say he has had good compliance with treatment for type II diabetes fairly good glucose control monitored at home. The review of systems states that he had a positive chest pain incident which was unrelated to exertion is negative for codification, dizziness, orthopedic, palpitations, paroxysmal nocturnal dyspnea, pedal edema or tachycardia. He has a strong family history of heart disease. Current problem lists include acquired hypothyroidism, coronary artery disease, diabetes mellitus type II without complications, hypothyroidism, mixed hyperlipidemia, benign essential hypertension. He had a normal physical exam except for that the patient was moderately obese, with a BMI of 41.1. The patient had a normal exercise stress test in October 13, 2011. The note further states that the patient was to have several vaccinations. In addition it states that because the patient had the episode of chest pain "the purpose of ordering this procedures to rule a new ischemia. The patient's pertinent symptoms are chest pain in setting post CABG. This procedure has been ordered due to chest pain." There is a request for a regular treadmill since the nuclear one was denied. In this request, the reason given is "symptoms of chest pain and palpitations."

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise - nuclear stress test - chest: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination. Decision based on Non-MTUS Citation ODG, Diabetes, Office Visits..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Society of nuclear cardiology (ASNC) Imaging Guidelines For Nuclear Cardiology Procedures, Stress protocols and tracers, Milena J. Henzlova, MD,^a Manuel D. Cerqueira, MD,^b Christopher L. Hansen, MD,^c Raymond Taillefer, MD,^d and Siu-Sun Yao, MDe

Decision rationale: The Physician Reviewer's decision rationale: This patient has known coronary disease and did have one episode of chest pain days on characterized. Even though the patient does not have strong symptomatology at present; because he does have a strong history of risk factors for disease and known disease, it is important to stratify this patient with chronic stable cardiac disease into a low risk category therefore in this test is indicated to stratify this patient in a high risk or low risk category. His last test was over 2 years ago. Therefore as guidelines indicate this test is recommended, the test is medically necessary.