

<b>Case Number:</b>	CM14-0007895		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	04/21/1999
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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 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 62-year-old male who has submitted a claim for Chronic Cervical Pain, Left Bicipital Groove Tendonitis, Right Shoulder Strain, Chronic Mechanical Back Pain, and Leg Cramps, associated with an industrial injury date of April 21, 1999. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of bilateral shoulder, low back, and neck pain. The patient also had an extensive history of coronary artery disease and had a myocardial infarction with coronary artery bypass grafting in 2003. On physical examination, left shoulder range of motion was mildly restricted. There was tenderness of the left biceps tendon as well. Cervical spine examination showed tenderness at C5 and C6 with paraspinal spasm. Trigger points were noted at the trapezius. There was also tenderness of the left greater occipital area. Lumbar spine examination was unremarkable. No sensorimotor deficits were noted. Treatment to date has included medications, coronary artery bypass grafting, and TENS unit. Utilization review from January 2, 2014 denied the request for Cardiolite Stress Test and echocardiogram because there were no reported clinical symptoms or physical findings documented to warrant the need for these tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARDIOLITE STRESS TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology/American Heart Association on stress testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Cardiology/American Heart Association Guidelines for Exercise Testing: Executive Summary

**Decision rationale:** CA MTUS does not specifically address exercise testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the American College of Cardiology (ACC) /American Heart Association (AHA) Guidelines for Exercise Testing was used instead. Guidelines state that in patients with a prior history of coronary artery disease (CAD), conditions for which there is evidence and/or general agreement that a given procedure is useful and effective include: (1) patients undergoing initial evaluation with suspected or known CAD; and (2) patients with suspected or known CAD previously evaluated with significant change in clinical status. In this case, the medical records failed to provide the current functional status of the patient with regard to his cardiovascular problems. There was also no discussion regarding the indication for the requested procedure. Therefore, the request for Cardiolute Stress Test is not medically necessary.

**ECHOCARDIOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Cardiology/American Heart Association Guidelines for the Clinical Application of Echocardiography

**Decision rationale:** CA MTUS does not specifically address exercise testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the American College of Cardiology (ACC) /American Heart Association (AHA) Guidelines for the Clinical Application of Echocardiography was used instead. Guidelines state that echocardiographic techniques, at rest and particularly coupled with stress, can be helpful in clinical decision making regarding medical therapies and clinical interventional therapies, in evaluating the results of therapy, in prognostication, and clinical follow-up of patients with known coronary artery disease and new or changing symptoms. In this case, the medical records failed to provide the current functional status of the patient with regard to his cardiovascular problems. There was also no discussion regarding the indication for the requested procedure. Therefore, the request for Echocardiogram is not medically necessary.