

<b>Case Number:</b>	CM14-0129091		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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:

58y/o male injured worker with date of injury 7/31/07 with related neck and back pain. Per progress report dated 5/22/14, the injured worker presented for "perioperative risk stratification prior to anticipated C-spine surgery. On review of systems, the injured worker admitted that he did have some exertional dyspnea and admitted to a decline in exercise secondary to his neck and back pain. He was tolerating oral intake well. He denied any chronic medical ailments for which he takes medications except for his chronic pain. He did report that he was recently told that he has low platelet counts. He admitted to previous heavy alcohol intake, though stated that he has decreased this significantly over the past year. Stated that he now drinks two beers 2 to 3 nights a week. The patient does continue to smoke approximately one pack per day which he has done for at least 20 years. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 7/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEXISCAN MPS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTPS://WWW.LEXISCANINFO.COM](https://www.lexiscaninfo.com)

**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: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011958/>

**Decision rationale:** The MTUS and ODG are silent on the use of Lexiscan. Per the U.S. National Library of Medicine, regadenoson (Lexiscan) is used as a pharmacologic stress agent for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress. This medicine works by dilating the arteries of the heart and increase blood flow to help identify coronary artery disease. The documentation submitted for review indicates that the requesting physician was withdrawing the request for this medication. As such, the request is not medically necessary.