

Case Number:	CM14-0061809		
Date Assigned:	07/09/2014	Date of Injury:	10/31/2005
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 40 year old female who sustained an industrial injury on 10/31/2005. The mechanism of injury was not provided for review. Her diagnoses include chronic pain syndrome, lumbar radiculopathy, cervical pain, shoulder pain, and lumbago. She also has a history of obesity- s/p gastric bypass in 2007, hypertension, gastroesophageal reflux disease, and constipation. She has been complaining of headaches and dizzy spells. On exam her blood pressure was 99/69 with a pulse of 65. The treating provider has requested a Lexiscan stress test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexiscan 78010: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hypertension Treatment.

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: Medscape Internal Medicine 2013: Pharmacologic Stress Tests.

Decision rationale: The medical records provided for review indicates the claimant has no history of cardiac disease. There was a reported syncopal episode but no complete evaluation

was performed. There is no specific indication for the requested cardiac test. Medical necessity for the requested item has not been established. As such, the request is not medically necessary and appropriate.