

Case Number:	CM14-0183440		
Date Assigned:	11/10/2014	Date of Injury:	04/03/2013
Decision Date:	01/30/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 with a reported date of injury of 04/13/2013. The patient has the diagnoses of lumbar sprain/strain and lumbar degenerative disc disease. Per the progress notes provided from the treating cardiologist dated 05/08/2013, the patient had complaints of back pain but stable cardiac complaints. The physical exam noted no abnormalities. Past medical history included coronary artery disease with stent placement, hypertension, dyslipidemia, ventricular fibrillation and non-ST elevated myocardial infarction. The patient had a negative MIBI scan for ischemia. Treatment plan recommendation included no change in cardiac regimen and clearance for back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexiscan Stress Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date Medical Guidelines, American College of Cardiology Foundation

Decision rationale: The California MTUS, ACOEM and the ODG do not specifically address the requested service. Per the Up-to Date treatment medical guidelines, Lexiscan stress test is a pharmacologic stress test and a diagnostic procedure in which cardiovascular stress induced by pharmacologic agents is demonstrated in patients with decreased functional capacity or in patients who cannot exercise. Indications per the American College of Cardiology Foundation include elderly patients with decreased functional capacity and possible CAD, patients with chronic debilitation and possible CAD, younger patient with functional impairment due to injury in which a maximal heart rate is not easily achieved with routine exercise stress testing and patients taking beta blockers or other negative chronotropic agents that would inhibit the ability to achieve an adequate heart response to exercise. The most recent cardiology notes provided for review state the patient has known stable CAD status post antipasti with stent placement. The most recent MIBI scan was negative for ischemia per these notes. The need for stress testing has not been established in the provided documentation. Therefore the request is not medically necessary.