

Case Number:	CM15-0005058		
Date Assigned:	01/16/2015	Date of Injury:	04/30/2013
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 52 year old male who sustained a work injury on April 30, 2013, after catching a falling tire while standing on a ladder causing intense neck and mid back pain, with shoulder and arm pain. Magnetic Resonance Imaging (MRI) showed degenerative disc disease and cervical stenosis, Magnetic Resonance Imaging (MRI) of the shoulder revealed tearing of the tendon, and Magnetic Resonance Imaging (MRI) of the thoracic spine revealed arthropathy. Treatments included pain medications, Non-Steroidal Anti-Inflammatory Drugs, physical therapy and trigger point injections which helped somewhat to relieve his pain. Diagnoses included cervical disc injury, radiculopathy, left epicondylitis, and impingement syndrome. He also has a history of atrial fibrillation. Currently, the injured worker complains of continued increased left shoulder pain. On December 16, 2014, Utilization Review non-certified a request for a Nuclear Scan to be performed, noting California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear stress scan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Myocardial Perfusion SPECT
<http://emedicine.medscape.com/article/2114292-overview#aw2aab6b2b2>

Decision rationale: According to Medscape, nuclear stress test is indicated to investigate coronary artery disease abnormalities. There is no clinical evidence for the patient chart supporting coronary artery diseases and the request is not medically necessary.