

Case Number:	CM15-0006274		
Date Assigned:	01/26/2015	Date of Injury:	11/12/2001
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 68 year old female sustained an industrial injury on 11/12/01 with subsequent ongoing neck pain. In a PR-2 from pain management on 12/10/14, the injured worker complained of pain to both shoulders and headache. The injured worker was requesting medication refills. Current diagnoses included status post cervical fusion and cervical radiculitis. The treatment plan included continuing Imitrex, Mirapex and Norco 10/325. A request for authorization dated 12/11/14 from a cardiologist was submitted for an angiogram with a diagnosis of chest pain. No physical exam or medical history accompanied the request. On 11/12/01, Utilization Review noncertified a request for an angiogram citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Diagnostics or Services: Angiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual: Chest Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://circ.ahajournals.org/content/99/17/2345.long>

Decision rationale: Pursuant to the official publication of the American Heart Association Journal, outpatient diagnostic angiogram is not medically necessary. Angiography is indicated to define coronary anatomy in patients who have persistent angina despite medication. It is indicated in patients with markedly positive stress test, unstable angina factors, positive stress test following myocardial infarction, variance of angina, ventricular aneurysm complications, and the young coronary patient. Coronary angiography may clarify the diagnosis in patients with chest pain of uncertain origin. In this case, the injured worker's working diagnoses are chest pain; hypertension, smoking and syncope in 2009. Subjectively, the injured worker has a history of chest pain. She has not had chest pain since her last visit. There is no shortness of breath at rest but does have shortness of breath with exertion. The injured worker reportedly had an episode of chest pain, went to the emergency room and work up (cardiac enzymes) were negative. The original industrial injury was a fall 12 years ago with an injury to the right knee. Physical examination was unremarkable. The documentation from a progress note dated December 5, 2014 shows the injured worker had a single episode of chest pain. Work up in the emergency room was unremarkable. The documentation indicates the injured worker had a negative nuclear stress test (date not known). There is no documentation establishing a causal relationship with chest pain and the industrial injury. There was no additional documentation regarding the clinical rationale for requesting an angiogram in the presence of a negative emergency room work up any negative nuclear stress test with no further chest pain complaints. Consequently, absent clinical documentation establishing a causal relationship of the chest pain to the work related injury and a negative emergency room work up and cardiac stress test, outpatient diagnostic angiogram is not medically necessary.