

Case Number:	CM15-0105115		
Date Assigned:	06/09/2015	Date of Injury:	04/07/2005
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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 50 year old male sustained an industrial injury to the low back and neck on 4/7/05. The injured worker underwent cervical fusion in 2006. In 2012 the injured worker had low back surgery. Soon after the injury, the injured worker developed hypertension. Recent treatment included electrocardiogram, home blood pressure checks and medication management. Electrocardiogram (2/12/15) showed baseline artifact and P-waves not uniform throughout without signs of acute ischemia. In an internal medicine re-examination and report dated 4/15/15, the injured worker reported that his chest pain frequency had decreased. The chest pain now occurred twice a week as opposed to daily. The injured worker reported that his father had recently had a heart attack. The injured worker reported ongoing difficulty sleeping per night. The injured worker reported feeling more calm since restarting blood pressure and anxiety medications. Physical exam was remarkable for blood pressure 123/85, pulse 77 and respirations 14, heart with regular rate and rhythm without murmurs or rubs, lungs clear to auscultation and chest wall with focal tenderness to palpation over the left intercostal muscles that was reproduced several times on exam. Current diagnoses included status post motor vehicle accident, status post cervical spine fusion, status post lumbar surgery, hypertension, gastroesophageal reflux disease, fatty liver, liver hemangioma and bilateral inguinal and umbilical hernias. The treatment plan included physician noted that point tenderness to the intercostal muscles was likely the cause of the injured worker's chest pain. The treatment plan included a cardiology referral and continuing medications (Losartan and Atenolol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.medscape.com/article/160772-overview.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1827166-overview>.

Decision rationale: Pursuant to Medscape, a stress test is not medically necessary. Exercise testing is a cardiovascular stress test that uses treadmill bicycle exercise with electrocardiography (ECG) and blood pressure monitoring. Pharmacologic stress testing, established after exercise testing, is 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. Pharmacologic stress testing is used in combination with imaging modalities such as radionuclide imaging and echocardiography. In this case, the injured worker's working diagnoses are status post cervical spine fusion surgery; status post lumbar spine surgery; hypertension; gastroesophageal reflux disease; history fatty liver and liver meningioma; and CAT scan evidence of bilateral inguinal and umbilical hernias. Documentation from March 16, 2015 progress note states the injured worker has reproducible chest pain for approximately 4 weeks. The treatment plan indicated a consultation with a cardiologist was to be arranged. The requesting provider indicates the most likely cause of the chest pain is a musculoskeletal cause. The clinical documentation in the medical record does not support a stress test. Additionally, there are no clinical progress notes or documentation from the cardiologist. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a stress test is not medically necessary.