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| Case Number: | CM15-0180342 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 06/11/2008 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 59 year old male patient, who sustained an industrial injury on 6-11-2008. Also referenced was a date of injury of 7-03-1986. The diagnoses include atypical chest pain-angina, hypertension, cervicodiscogenic disease, dyslipidemia, asymptomatic carotid bruit, and a history of positive treadmill test. Per the doctor's note dated 9/2/15, the patient was "doing as well as can be expected." If he was in emotionally stressful circumstances, he noted precordial awareness. He had Nitroglycerin but was reluctant to use it because of headache. The objective findings revealed blood pressure 132 over 60, heart rate 62 and regular, normal jugular venous pressure and soft bruit, clear chest, and systolic ejection murmur, S4. The medications list includes Simvastatin, Ecotrin, Atenolol, and Fish Oil. He has had comprehensive metabolic panel on 4-07-2015, which was notable for triglycerides 210. He has had Electrocardiogram on 4-07-2015, which revealed normal sinus rhythm, with ventricular rate 65; Carotid duplex study dated 3-30-2015, which revealed a normal study, unchanged since 2-2014. His work status was documented "to be determined." The treatment plan included a nuclear stress test, non-certified by Utilization Review on 9-09-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear Stress Test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed ACC/AHA 2002 guideline update for exercise testing: summary article. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1997 Exercise Testing Guidelines).

Decision rationale: Per the records provided this 59 year old male patient had a diagnoses of atypical chest pain-angina, hypertension, cervicodiscogenic disease, dyslipidemia, asymptomatic carotid bruit, and a history of a positive treadmill test. He has had a comprehensive metabolic panel on 4-07-2015, which was notable for triglycerides 210. He has had an Electrocardiogram on 4-07-2015, which revealed normal sinus rhythm, with ventricular rate 65; Carotid duplex study dated 3-30-2015, which revealed a normal study, unchanged since 2-2014. He has a history of a positive treadmill test. A Nuclear stress test was requested as a part an evaluation for the symptoms of chest pain. The request for a Nuclear Stress Test is medically appropriate and necessary for this patient.