

Case Number:	CM15-0022627		
Date Assigned:	02/12/2015	Date of Injury:	10/19/2010
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Pennsylvania
 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 10/18/10. He has reported worsening blood pressure and frequent panic attacks related to job stress. The diagnoses have included hypertension, coronary artery disease, sleep apnea and panic disorder without agoraphobia. Treatment to date has included coronary angiography with stent placement, vascular studies, psychiatric treatment and oral medications. As of the PR2 dated 1/16/14, the injured worker reports chest pain and heaviness at nighttime. His BMI was noted at 39.57. On 1/21/14 the treating physician performed a PET scan. The treating physician requested a PET scan, Rubidium rb-82 and an injection of regadenoson. On 1/26/15 Utilization Review non-certified a request for a PET scan, Rubidium rb-82 and an injection of regadenoson. The utilization review physician cited the Aetna guidelines for PET scans. On 2/2/15, the injured worker submitted an application for IMR for review of a PET scan, Rubidium rb-82 and an injection of regadenoson.

IMR ISSUES, DECISIONS AND RATIONALES

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

PET Scan: Overturned

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 Society of Nuclear Medicine and Molecular Imaging: Cardiac PET and PET/CT Imaging Practice Guidelines. Aetna Clinical Policy Bulletin: Positron Emission Tomography. BlueCross/Blue Shield: Cardiac Applications of PET Scanning

Decision rationale: According to the Society of Nuclear Medicine and Molecular Imaging, cardiac PET scan is performed in place of but not in addition to a SPECT scan unless the SPECT scan was inconclusive and the PET scan is considered necessary in order to determine what medical or surgical intervention is required to treat the patient. According to the Society of Nuclear Medicine and Molecular Imaging, Medicare covers PET for the determination of myocardial viability as a primary or initial diagnostic study prior to revascularization or following and inconclusive SPECT. PET Scan in this case would appear appropriate especially since patient factors were present (obesity, large chest) that may lead to an inconclusive SPECT scan which is more likely to have attenuation artifact. Aetna criteria require a BMI of greater than 40 whereas BC/BS criteria require a BMI of greater than 35. This worker has a BMI of 39.57 which is only slightly under 40. Either criteria are appropriate, and in either case, the worker is obese and attenuation artifact could be an issue with SPECT scanning resulting in the need for a PET scan anyway. Therefore, the PET scan is medically necessary.

Rubidium rb-82: Overturned

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 Society of Nuclear Medicine and Molecular Imaging: Cardiac PET and PET/CT Imaging Practice Guidelines. Aetna Clinical Policy Bulletin: Positron Emission Tomography. BlueCross/Blue Shield: Cardiac Applications of PET Scanning

Decision rationale: Rubidium Rb 82 is a radiopharmaceutical used in PET scans to assess cardiac perfusion. According to the Society of Nuclear Medicine and Molecular Imaging, cardiac PET scan is performed in place of but not in addition to a SPECT scan unless the SPECT scan was inconclusive and the PET scan is considered necessary in order to determine what medical or surgical intervention is required to treat the patient. According to the Society of Nuclear Medicine and Molecular Imaging, Medicare covers PET for the determination of myocardial viability as a primary or initial diagnostic study prior to revascularization or following and inconclusive SPECT. PET Scan in this case would appear appropriate especially since patient factors were present (obesity, large chest) that may lead to an inconclusive SPECT scan which is more likely to have attenuation artifact. Aetna criteria require a BMI of greater than 40 whereas BC/BS criteria require a BMI of greater than 35. This worker has a BMI of 39.57 which is only slightly under 40. Either criteria are appropriate, and in either case, the worker is obese and attenuation artifact could be an issue with SPECT scanning resulting in the

need for a PET scan anyway. Therefore, Rubidium Rb 82 is medically necessary since the PET scan is medically necessary.

Injection, regadenoson: Overturned

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 Society of Nuclear Medicine and Molecular Imaging: Cardiac PET and PET/CT Imaging Practice Guidelines. Aetna Clinical Policy Bulletin: Positron Emission Tomography. BlueCross/Blue Shield: Cardiac Applications of PET Scanning

Decision rationale: Regadenoson (Lexiscan) is a stress agent that works by increasing blood flow in the cardiac arteries and used as a stress agent with PET scan imaging of the myocardium. Since the PET scan is indicated for cardiac evaluation, regadenoson is indicated. According to the Society of Nuclear Medicine and Molecular Imaging, cardiac PET scan is performed in place of but not in addition to a SPECT scan unless the SPECT scan was inconclusive and the PET scan is considered necessary in order to determine what medical or surgical intervention is required to treat the patient. According to the Society of Nuclear Medicine and Molecular Imaging, Medicare covers PET for the determination of myocardial viability as a primary or initial diagnostic study prior to revascularization or following and inconclusive SPECT. PET Scan in this case would appear appropriate especially since patient factors were present (obesity, large chest) that may lead to an inconclusive SPECT scan which is more likely to have attenuation artifact. Aetna criteria require a BMI of greater than 40 whereas BC/BS criteria require a BMI of greater than 35. This worker has a BMI of 39.57 which is only slightly under 40. Either criteria are appropriate, and in either case, the worker is obese and attenuation artifact could be an issue with SPECT scanning resulting in the need for a PET scan anyway. The PET scan is medically necessary and therefore the regadenoson which is a necessary part of the procedure is necessary.