

Case Number:	CM15-0022755		
Date Assigned:	02/12/2015	Date of Injury:	09/27/2007
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
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: California
 Certification(s)/Specialty: Emergency 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 63 year old male, who sustained an industrial injury on 9/27/2007. The diagnoses have included myocardial infarction, coronary artery disease, cardiomyopathy and congestive heart failure. Medical history included prostate cancer. Treatment to date has included implantation of a dual chamber implantable cardioverter-defibrillator (ICD) and medication. The injured worker underwent a single-photon emission computed tomography (SPECT) myocardial perfusion study on 12/19/2014 which showed a large fixed perfusion defect in the basal to distal anterior and apical walls. According to the cardiology progress note dated 9/17/2014, the injured worker complained of marked fatigue after moving some rocks and some amount of physical activity. Cardiac exam showed regular rhythm. It was noted that the injured worker was scheduled to see a specialist for an evaluation as part of the experimental protocol for stem cell transplantation. According to an Agreed Medical Re-evaluation from 10/6/2014, an electrocardiogram showed arteriovenous sequential pacing and left bundle branch block; it was basically unchanged. The injured worker had intermittent chest pain. A repeat echocardiogram and a 2D echocardiogram Doppler were recommended. On 1/23/2015, Utilization Review (UR) non-certified a request for a Consult by a Stem Cell Specialist and an Echocardiogram. The American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult by stem cell specialist QTY: 1.00: Upheld

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 American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation

Decision rationale: The requested Consult by stem cell specialist QTY: 1.00, is not medically necessary. American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation noted that this treatment is considered experimental. The injured worker has marked fatigue after moving some rocks and some amount of physical activity. Cardiac exam showed regular rhythm. It was noted that the injured worker was scheduled to see a specialist for an evaluation as part of the experimental protocol for stem cell transplantation. According to an Agreed Medical Re-evaluation from 10/6/2014, an electrocardiogram showed arteriovenous sequential pacing and left bundle branch block; it was basically unchanged. The injured worker had intermittent chest pain. The treating physician has not documented the medical necessity for this therapeutic intervention that is considered experimental. The criteria noted above not having been met, Consult by stem cell specialist QTY: 1.00 is not medically necessary.

Echocardiogram QTY: 1.00: 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 American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation

Decision rationale: The requested Echocardiogram QTY: 1.00, is medically necessary. American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Diagnosis and Management of Chronic Heart Failure in the Adult Circulation noted indications for diagnostic testing. The injured worker has marked fatigue after moving some rocks and some amount of physical activity. Cardiac exam showed regular rhythm. It was noted that the injured worker was scheduled to see a specialist for an evaluation as part of the experimental protocol for stem cell transplantation. According to an Agreed Medical Re-evaluation from 10/6/2014, an electrocardiogram showed arteriovenous sequential pacing and left bundle branch block; it was basically unchanged. The injured worker had intermittent chest pain. The treating physician has documented sufficient symptoms and exam findings to establish the medical necessity for this

diagnostic exam. The criteria noted above having been met, Echocardiogram QTY: 1.00 is medically necessary.