

Case Number:	CM15-0029791		
Date Assigned:	02/23/2015	Date of Injury:	11/16/1977
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 77 year old male, who sustained an industrial injury on 11/16/1977. The mechanism of injury and initial complaints were not provided for review. Diagnoses include cervical spondylosis, cardiomyopathy, paroxysmal ventricular tachycardia, systolic congestive heart failure, coronary atherosclerosis and implanted pacemaker/cardioverter. Treatments to date include chiropractic care, home exercise program and medication management. A progress note from the treating provider dated 1/16/2015 indicates the injured worker reported precordial chest pain with palpitations. On 2/3/2015, Utilization Review non-certified the request for computed tomography angiography, citing the National Guidelines Clearinghouse.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Angiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria Chronic Chest Pain High Probability of Coronary Artery Disease. Reston (VA): American College of Radiology; 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition, Chapter 56 Non-invasive cardiac imaging; 2011.

Decision rationale: The patient is a 77 year old male with an injury on 11/16/1977. He has a long history of cardiac disease. He had a MI, angioplasty, pacemaker defibrillator and had a history ventricular tachycardia. There is no documented relationship to his injury and his heart disease. His heart disease is well controlled. There is no chest pain. If he has palpitation, he takes another Atenolol and it resolves. The pacemaker/defibrillator is working properly. The patient requested a cardiac CT angio (this is not a request for a CT angio to rule out a pulmonary embolism). There is no indication for a cardiac CT angio since he already has a diagnosis of coronary artery disease and cardiomyopathy, he is stable, and a stress test/cardiac catheterization is the standard of care, not the requested cardiac CT angio if he were to have acute symptoms or any change in his clinical status. There is no documented change in his physical finding, symptoms by history or clinical function.