

Case Number:	CM15-0221781		
Date Assigned:	11/17/2015	Date of Injury:	01/14/2012
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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: 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:

The injured worker is a 64 year old male who sustained an industrial injury on 01-14-2012. A review of the medical records indicated that the injured worker is undergoing treatment for angina pectoris. The injured worker has a medical history of hypertension, hyperlipidemia and diabetes mellitus. The injured worker is status post mechanical venous occlusion-chemically assisted for incompetent left small saphenous vein. According to the treating physician's progress report on 09-21-2015, the injured worker reported mild improvement in chest pain with Ranexa. The injured worker reported his chest pain is mild frontal chest pressure. There were no associated symptoms of shortness of breath, palpitations, dizziness, nausea and no radiation. The pressure occurs with exercise. There was some leg swelling, left greater than right. Bilateral pedal pulses were present. An official report of a lower extremity venous ultrasound examination performed on 05-13-2015 was included in the review. Current medications were listed as Ranexa. Treatment plan consists of the current request for Coronary Computed Tomography (CT) angiography. On 10-13-2015 the Utilization Review determined the request for Coronary Computed Tomography (CT) angiography was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coronary computed tomography angiography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation On-Line Version Medscape: Coronary CT Angiography; Updated Sep 26, 2015.

Decision rationale: Coronary computed tomography angiography (CCTA) is a noninvasive method to image the coronary arteries. Applications include the following: Diagnosis of coronary artery disease (CAD); Diagnosis of in-stent restenosis; Evaluation of coronary bypass graft patency; Clinical application in CAD. Based on the combined efforts of 9 specialty societies, [1] the following indications were rated as appropriate for CCTA: Detection of CAD in symptomatic patients without known heart disease, either non-acute or acute presentations. Detection of CAD in patients with new-onset or newly diagnosed clinical heart failure and no prior CAD. Preoperative coronary assessment prior to non-coronary cardiac surgery. Patients with prior electrocardiographic exercise testing - Normal test with continued symptoms or intermediate risk Duke Treadmill score. Patients with prior stress imaging procedures - Discordant electrocardiographic exercise and imaging results or equivocal stress imaging results. Evaluation of new or worsening symptoms in the setting of a past normal stress imaging study. Risk assessment post-revascularization - Symptomatic if post-coronary artery bypass grafting or asymptomatic with prior left main coronary stent of 3 mm or greater. Evaluation of cardiac structure and function in adult congenital heart disease. Evaluation of cardiac structure and function - Ventricular morphology and systolic function. Evaluation of cardiac structure and function - Intracardiac and extracardiac structures. In this case, the patient appears to be high risk for CAD. He has already had an abnormal stress test. He does not fulfill the criteria for Coronary CT Angiography based on the current guidelines. Coronary Angiography would be the next most appropriate step in this situation. Therefore, based on the current guidelines and the information in this case, the request for Coronary CT Angiography is not medically necessary.