

<b>Case Number:</b>	CM15-0042770		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 50 year old male, who sustained an industrial injury on 12/1/2004. He reported injury in a motor vehicle accident. The injured worker was diagnosed as having a hypertension, chest pain, coronary artery disease and elevated lipids. Treatment to date has included medication management. Currently, a progress note from the treating provider dated 2/12/2015 indicates the injured worker reported repeated episodes of chest pain and recently sought emergency care. The documentation showed negative cardiac injury blood levels and an unremarkable electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PET (Positron Emission Tomography) Myocard:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal medicine, 14th edition Disorders of the Cardiovascular System; Positron Emission Tomography, pages 870-871.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Internal Medicine, Cardiovascular Disorders, Pages 870-871.

**Decision rationale:** The requested PET (Positron Emission Tomography) Myocard, is not medically necessary. CA MTUS and ODG are silent. Harrison's Internal Medicine, Cardiovascular Disorders, Pages 870-871 recommend this testing is specifically delineated clinical conditions. The injured worker has reported repeated episodes of chest pain and recently sought emergency care. The treating physician has documented negative cardiac injury blood levels and an unremarkable electrocardiogram. The treating physician has not documented the medical necessity for this test absent positive initial diagnostic testing. The criteria noted above not having been met, PET (Positron Emission Tomography) Myocard is not medically necessary.