

Case Number:	CM15-0048476		
Date Assigned:	03/20/2015	Date of Injury:	03/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old who has filed a claim for chronic neck, shoulder, elbow, wrist, and hand pain with derivative complaints of generalized anxiety disorder and major depressive disorder reportedly associated with an industrial injury of March 19, 2014. In a Utilization Review Report dated March 11, 2015, the claims administrator failed to approve a request for an outpatient stress test. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and seemingly mislabeled as originating from the MTUS. These guidelines were not incorporated into the body of the report of the rationale. It was not clearly stated what the stress testing in question represented. The claims administrator alluded to the February 9, 2015 progress note and an associated RFA form of February 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten RFA form dated February 27, 2015, a follow-up visit, chronic pain, an elaborate, high-tech heating system, and a stress test of some kind were endorsed. In an associated progress note of February 9, 2015, the applicant presented with multifocal complaints, including neck pain, shoulder pain, elbow pain, and wrist pain moderate to severe. The applicant had had issues with epilepsy and apparently employed Klonopin for the same. The attending provider stated that he too was uncertain what the stress test in question represented, but seemingly suggested that this was a nuclear medicine stress test of some kind.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress test as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Nuclear Cardiology ASNC IMAGING GUIDELINES FOR NUCLEAR CARDIOLOGY PROCEDURES - Stress protocols and tracers - Indications

Decision rationale: No, the request for a nuclear medicine stress test was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of nuclear medicine stress testing while the American Society of Nuclear Cardiology (ASNC) does acknowledge that indications for nuclear medicine stress testing or exercise stress testing include the detection of obstructive coronary artery disease, risk stratification of individuals post myocardial infarction before hospital discharge, risk stratification of individuals with chronic, stable coronary artery disease, and/or to evaluate the efficacy of the therapeutic intervention such as coronary revascularization. In this case, however, it was not clearly stated what was sought. The treating provider himself acknowledged that he was not certain precisely what was being requested and seemingly suggested that he, too, was placing the request at the behest of another provider. The information on file does not, however, establish the presence of any of the aforementioned cardiac issues. There was no mention that the applicant was having a history of prior myocardial infarction, having active issues with coronary artery that request stratification of risk factors, etc. There was no mention of the applicant having had a prior percutaneous coronary angioplasty. No rationale for the testing in question was furnished. Therefore, the request was not medically necessary.