Case Number:	CM14-0160408		
Date Assigned:	10/06/2014	**Date of Injury:**	03/31/2007
Decision Date:	10/31/2014	**UR Denial Date:**	09/18/2014
Priority:	Standard	**Application Received:**	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 03/31/07. A cardiac MRI is under review. The claimant has a diagnosis of cardiac dysrhythmias. The claimant has been treated for cardiac conditions including supraventricular tachycardia, AICD in situ, ICD DR with telemetry on 07/03/12, AICD programming evaluation, and noncardiogenic syncope. She recently delivered a healthy baby. She reported continued recurrent palpitations but no shocks. She has denied chest pain, shortness of breath, paroxysmal nocturnal dyspnea, orthopnea, and syncope. Blood pressure and pulse were stable. She had a regular rate and rhythm with no murmurs gallops or rubs. She has a left pectoral implanted cardioverter-defibrillator site incision with a small keloid. She underwent the ICD implant in 2012 for possible ventricular tachycardia. She is status post electrophysiologic studies in April 2013. A cardiac MRI was recommended to evaluate scarring and any evidence of myocardial substrate for ventricular tachycardia. She was evaluated on 11/13/13. The note states her problems began in 2010 after she suffered a repeat back injury while working. She developed palpitations that occurred multiple times per week and had 3 syncopal episodes. A cardiac MRI was recommended in July or August 2014 after the patient's postpartum recovery. The defibrillator was placed for possible ventricular tachycardia. She reportedly has SVT which was noted on 11/09/13. She has been also treated for multiple orthopedic problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLAGE OF RADIOLOGY , 2013, PAGE 11

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mammen L, Woodard PK, Abbara S, Dorbala S, Javidan-Nejad C, Julsrud PR, Kirsch J, Kramer CM, Krishnamurthy R, Laroia AT, Shah AB, Vogel-Claussen J, White RD, Expert Panel on Cardiac Imaging. ACR Appropriateness CriteriaÂ® nonischemic myocardial disease with clinical manifestations (ischemic cardiomyopathy already excluded). [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 11 p. 67 references.

Decision rationale: The history and documentation do not objectively support the request for a cardiac magnetic resonance imaging (MRI). The MTUS do not address this type of study but the listed reference states "MRI [for] heart function and morphology without and with contrast is "usually appropriate. However, patients with implantable cardioverter-defibrillators (ICD) cannot have magnetic resonance imaging (MRI) examinations." Since this type of study is contraindicated, the request for Cardiac Magnetic Resonance Imaging (MRI) is not medically necessary.