

<b>Case Number:</b>	CM14-0090534		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47 year-old individual was reportedly injured on 8/22/2010. The mechanism of injury was not listed. The most recent progress note, dated 5/14/2014, indicated that there were ongoing complaints of changes in blood sugar and blurred vision. The physical examination demonstrated vital signs were stable and lungs clear to auscultation. Cardiovascular was regular rate and rhythm. Abdomen was soft normal bowel sounds. Extremities deferred to the appropriate specialist. No other significant findings on physical exam. Diagnostic imaging studies include blood glucose 256 MG/DL non-fasting. Previous treatment included conservative treatment. A request had been made for Adenosine Nuclear Study and was not certified in the pre-authorization process on 5/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adenosine Nuclear Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med. Adenosine Stress Protocols for Nuclear Cardiology Imaging. July 29, 2008, Pages 281-289.

**Decision rationale:** The treadmill test combined with myocardial perfusion imaging (MPI) is a commonly used technique in the assessment of coronary artery disease (CAD). However, there is a group of patients who may not be able to undergo the treadmill test. Pharmacologic stress testing is increasingly utilized for stress perfusion imaging and currently accounts for nearly 40% of all nuclear stress testing. After review of the medical records provided, there were no subjective or objective cardiac complaints on physical exam. CA MTUS ACOEM Practice Guidelines and the Official Disability Guidelines (ODG) do not address this request. Alternative medical records were utilized. After reviewing the criteria for an Adenosine Nuclear Study, the determination is that there is insufficient documentation for the necessity of this study. Therefore, this request is not medically necessary.