

<b>Case Number:</b>	CM13-0056319		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/1996
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 61-year-old male who reported an injury on 05/06/1996. The mechanism of injury was not provided. His diagnosis was noted as previous paroxysmal atrial fibrillation; elevated cholesterol; and hypertension. His past treatments were noted to include medication. Diagnostic studies were noted to include an EKG performed on 10/23/2013. His surgical history was not provided. The progress note dated 10/25/2013 noted that the injured worker felt well. It was noted that the visit was pertaining to his cardiac symptomology which was stated as supraventricular tachycardia. The physical examination reported the injured worker's weight to be 224 pounds with a blood pressure of 145/95. His medications were noted as Toprol and Crestor, doses and frequencies were not provided. The treatment plan and rationale were not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MYOCARDIAL PERFUSION STUDY ( [REDACTED] )  
 BETWEEN 10/30/2013 AND 12/29/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF PHYSICIANS/ AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION/ AMERICAN HEART

ASSOCIATION/ AMERICAN ASSOCIATION FOR THORACIC SURGERY[TRUNC] ANN  
INTERN MED. 2012 NOV 20; 157 (10): 729-734

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Treatment Guideline or The Evidence: Einstein, A. J., Weiner, S. D., Bernheim, A., Kulon, M., Bokhari, S., Johnson, L. L., ... & Balter, S. (2010). Multiple testing, cumulative radiation dose, and clinical indications in patients undergoing myocardial perfusion imaging. *Jama*, 304(19), 2137-2144.

**Decision rationale:** The request for one myocardial perfusion study ( [REDACTED] ) between 10/30/2013 and 12/29/2013 is not medically necessary. The Journal of American Medical Association indicates that myocardial perfusion test imaging (MPI) is the single medical test with the highest radiation burden to the U.S. population. Although many patients undergoing MPI receive repeat MPI testing, or additional procedures involving ionizing radiation, no data is available characterizing their total longitudinal radiation burden and relating radiation burden with reasons for testing. Reasons for MPI examinations include chest pain and dyspnea. The clinical documentation did not indicate the reason for testing. Additionally, there was no current documentation that the injured worker complained of chest pain or dyspnea, or had underwent a recent EKG study with abnormal results. As such, the request is not medically necessary.