

<b>Case Number:</b>	CM14-0150026		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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:

This individual is a 54 y/o female who developed persistent low back and right shoulder problems subsequent to an injury dated 10/2/03. She has had lumbar surgery twice. Additional surgery is schedule, but she reported exertional dyspnea, syncope, and fatigue and increased swelling. She has multiple cardiac risk factors that include hypertension and diabetes. A subsequent CXR showed cardiac enlargement and EKG screening was consistent with lateral ischemia. Additional testing was requested before pre-op medical clearance could be completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lexiscan, event monitoring and table tilt test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pre-operative testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Advisory for Pre-operative Evaluation, page 527, Anesthesiology 2012; pages 522-38.

**Decision rationale:** MTUS and ODG Guidelines do not address this issue. Other standards do address this and allow for some physician discretion when there are pre-operative risk factors and/or symptoms suggestive of increased surgical risk. This individual's physical limitation, cardiac symptoms, test abnormalities and history of syncope supports the request for Lexiscan testing, event monitoring and tilt testing as medically necessary.