

Case Number:	CM15-0117576		
Date Assigned:	06/25/2015	Date of Injury:	03/31/2007
Decision Date:	08/11/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 29 year old female, who sustained an industrial injury on 3/31/2007. Diagnoses include cardiomyopathy and ventricular tachycardia. Treatment to date has included implantation of a cardiac pacemaker and automatic internal cardiac defibrillator (AICD) performed on 7/03/2012. She has also received medications, physical therapy and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported "feeling like a roller coaster up and down" and would like a second opinion on her defibrillator. She was told she needs an MRI of the heart and a request has been made. Objective findings state that she has been trying to stay active by doing yoga and that has helped her little but like previously said by the injured worker it has been constant roller coaster. The plan of care included diagnostic testing and medication and authorization was requested for Metoprolol 50mg and magnetic resonance imaging (MRI) of the heart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the heart without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National clinical guideline centre.

Hypertension. Clinical management of primary hypertension in adults. London (UK). National Institute for Health and Clinical Excellence (NICE); 2011 Aug 36 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fuisz AR, et al. Clinical utility of cardiovascular magnetic resonance imaging. Topic 5314, version 16.0. UpToDate, accessed 08/10/2015. Ganz LI, et al. General principles of the implantable cardioverter-defibrillator. Topic 921, version 30.0. UpToDate, accessed 08/10/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. There is some literature to support the use of this type of general imaging to look at scarring in the heart; diagnose amyloid cardiomyopathy, myocarditis, and cardiac sarcoid; and assess congenital heart disease, clots inside the heart, and the heart valves. The submitted and reviewed documentation reported the worker was suffering from a cardiomyopathy and ventricular tachycardia. Treatment recommendations included placement of a defibrillator in her chest among others. There was no discussion detailing the reason this study was needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the heart without contrast is not medically necessary.