

<b>Case Number:</b>	CM15-0119227		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 51-year-old male, who sustained an industrial injury on 4/7/2005. He reported injuring his neck and low back in a motor vehicle accident. Diagnoses have included status post cervical spine fusion, status post lumbar spine surgery and hypertension. Treatment to date has included surgery and medication. According to the Internal Medicine report dated 4/15/2015, the injured worker complained of neck and low back pain. The injured worker reported having chest pain twice a week. He complained of difficulty sleeping. He reported compliance with his blood pressure medication. He complained of frequent nausea and occasional vomiting. He reported numbness and a burning sensation in both legs and feet. Physical exam revealed a regular heart rate and rhythm. Exam of the chest wall revealed focal tenderness over the left intercostal muscles to the left of the mid-clavicular line. The injured worker was to be referred for a cardiology consultation. Authorization was requested for a cardiovascular stress test with orbicycle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardiovascular stress test with or bicycle:** Overturned

**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 Uptodate.com. Stress testing to determine prognosis and management of patients with known or suspected coronary heart disease.

**Decision rationale:** The MTUS is silent regarding cardiac testing for known or suspected coronary heart disease. According to Uptodate.com, guidelines note that symptom-limited treadmill or bicycle exercise is the preferred form of stress in patients with known or suspected CHD because it provides the most information concerning patient symptoms, cardiovascular function, and the hemodynamic response during usual forms of activity [1, 2]. Furthermore, the inability to perform an exercise test is in itself a negative prognostic factor in patients with CHD. In this case, the patient is a 50-year-old man with hypertension who is having chest pain intermittently for several months. The patient has risk factors for CHD and an exercise stress test is the preferred test for evaluation. The stress test with or bicycle is medically necessary.