

<b>Case Number:</b>	CM15-0063356		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 71-year-old man sustained an industrial injury on 9/15/1997. The mechanism of injury is not detailed. Diagnoses include abnormal electrocardiogram, coronary artery disease, atypical chest pain, prior myocardial infarction, cardiomyopathy, mitral regurgitation, peripheral vascular disease, aortic aneurysm with surgical repair, diastolic dysfunction, chronic obstructive pulmonary disease, anemia, and history of pulmonary embolism. Treatment has included oral medications. Physician notes from cardiology dated 3/12/2014 show concerns of an irregular heartbeat reported by his home health nurse. The worker denies chest pain, however, complains of shortness of breath with minimal exertion. Recommendations include lexiscan, echocardiogram, continue current medication regimen, limit sodium intake to less than 1500 mg daily, weight loss encouraged, holter monitor, and follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuclear stress test:** Upheld

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

<http://circ.ahajournals.org/content/107/16/e100.full> (last accessed: 06/16/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://circ.ahajournals.org/content/107/16/e100.full>.

**Decision rationale:** The MTUS Guidelines and ODG do not address the use of Nuclear Stress Tests specifically. The American Heart Association (AHA) states that Nuclear Stress Tests should be used for the following reasons: To evaluate chest pain or angina, to assess if the heart can withstand the stress of anesthesia and long surgery before non-cardiac surgery, to evaluate the damage suffered from a heart attack or to evaluate symptoms after treatment for coronary artery disease (that is, after medical therapy, coronary angioplasty with stents, and coronary artery bypass surgery). A clinical evaluation by the requesting provider following the patient's recent hospitalization with pneumonia and acute COPD exacerbation was not submitted for review. Additionally, the rationale for the requested Nuclear Stress Test as well as how it will direct future treatment was not specified in the supporting documentation included with this request. The patient denies chest pain currently, and there is no documentation of impending surgery or recent MI to support a Nuclear Stress Test at this time. The request for a Nuclear Stress Test is not medically necessary.