

Case Number:	CM15-0069209		
Date Assigned:	04/16/2015	Date of Injury:	10/15/1986
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 71 year old female, who sustained an industrial injury on 10/15/86. The injured worker has complaints of gastroesophageal reflux disease. The diagnoses have included chronic gastroesophageal reflux disease; diffuse esophageal spasm and hypertension. Treatment to date has included esophagogastroduodenoscopy, with biopsy; positive stress echocardiogram; endoscopy; colonoscopy and zantac. The request was for coronary computed tomography angiography. The patient has had EMG study on 10/31/13 that revealed bilateral CTS. The patient has had Treadmill stress echocardiography on 11/19/14 that was positive supportive for ischemia. Per the doctor's note dated 9/30/14 patient had episode of black out and vomiting. Physical examination revealed normal vitals, normal cardiovascular and respiratory examination. Per the doctor's note dated 2/19/15 patient had complaints of chest pain. Physical examination revealed normal blood pressure 130/70 and 62 heart rate. The patient has had EDG on 4/25/14 that revealed atrial gastritis and hiatus hernia. The past medical treatment includes malignant neoplasm of colon. The patient has had history of hypertension. The medication list includes ranitidine, Atenolol, Valsartan, Diazepam. A recent detailed examination of the cardiovascular system was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coronary Computed Tomography Angiography: 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 PubMed Prognostic value of multislice computed tomography coronary angiography in patients with known or suspected coronary artery disease. J Am Coll Cardiol. 2007;49(1):62. Department of Cardiology, Leiden University Medical Center, Leiden, The Netherlands. PubMed Accuracy of MSCT coronary angiography with 64-slice technology: first experience. Eur Heart J. 2005;26(15):1482. CONCLUSION: Sixty-four-slice CT provides a high diagnostic accuracy in assessing coronary artery stenoses. Department of Medical Radiology, Institute of Diagnostic Radiology, University Hospital Zurich, Rämistrasse 100, 8091 Zurich, Switzerland PubMed High-resolution spiral computed tomography coronary angiography in patients referred for diagnostic conventional coronary angiography. Circulation. 2005;112(15):2318. CONCLUSIONS: Noninvasive 64-slice CT coronary angiography accurately detects coronary stenoses in patients in sinus rhythm and presenting with atypical chest pain, stable or unstable angina, or non-ST-segment elevation myocardial infarction. Department of Cardiology, Erasmus Medical Center, Rotterdam, The Netherlands.

Decision rationale: The diagnoses have included chronic gastroesophageal reflux disease; diffuse esophageal spasm and hypertension. The patient has had Treadmill stress echocardiography on 11/19/14 that was positive supportive for ischemia. Per the doctor's note dated 9/30/14 patient had an episode of black out and vomiting. Per the doctor's note dated 2/19/15 patient had complaints of chest pain. The patient has had history of hypertension. As per cited guideline, CT coronary angiography accurately detects coronary stenosis in patients in sinus rhythm and presenting with atypical chest pain, stable or unstable angina, or non-ST-segment elevation myocardial infarction. The patient has had positive Treadmill stress echocardiography, HTN and chest pain; therefore Coronary Computed Tomography Angiography is medically necessary and appropriate for this patient.