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| <b>Case Number:</b>   | CM15-0079146 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 02/15/2012 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 was a 49 year old male, who sustained an industrial injury, February 15, 2012. The injured worker previously received the following treatments EEG (electro-encephalogram) electrodiagnostic studies, brain MRI, laboratory studies, abdominal CT scan, Lexapro, Ativan, baby aspirin, Benazepril, Bystolic, Isosorbide, Ranexa, Doxepin, cognitive behavioral therapy, cardiology consultation and EKG (Electrocardiography). The injured worker was diagnosed with obesity, chronic anxiety, hypertension, major depression, panic disorder, psychological factors affecting medical condition and adjustment disorder. According to progress note of April 1, 2015, the injured workers chief complaint was chest pain and associated dyspnea. The injured worker was complaining of heart palpitations. The physical exam noted a slightly elevated blood pressure. There was a normal heart rhythm, no bruit and normal pulse. Chest condition was stable. On March 17, 2015 the EKG (Electrocardiography) was normal. Stress test with no significant ST shift, completed on April 1, 2015. The treatment plan included left heart catheterization with possible percutaneous coronary intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left heart cath with possible PCI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of Chest Pain in Primary Care Patients. AM Fam Physician. 2011 Mar 1; 83 (5):603-605.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 49 year old male has complained of anxiety, depression, panic disorder and hypertension since date of injury 2/15/12. He has been treated with medications, cognitive therapy and consultations. The current request is for a left heart cath with possible PCI. The available medical records inadequately document symptomology consistent with anginal chest pain. Additionally, there is documentation of a normal heart catheterization three years ago and equivocal exercise testing most recently. The next appropriate step in the evaluation, based on the included medical records, would be a stress imaging study. On the basis of the available medical records and guidelines cited above, left heart cath with possible PCI is not medically necessary.