

<b>Case Number:</b>	CM15-0099277		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, 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 33 year old, female who sustained a work related injury on 1/22/15. She was electrocuted at work. The diagnoses have included right bundle branch block, mitral regurgitation and electrocution. Treatments have included EKGs, lab work and medications. In the Visit Note dated 4/20/15, the injured worker complains of headache, chest pain, palpitations, a fast heart rate and dyspnea. She complains of left sided chest pain. The pain was constant but has now improved to twice a week. It gets worse with activity. The treatment plan includes a request for lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lipase:** Upheld

**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 Outpatient Diagnosis of Acute Chest Pain in Adults -

JOHN R. McCONAGHY, MD, CPE, and RUPAL S. OZA, MD, MPH, The Ohio State University, Columbus, OhioAm Fam Physician. 2013 Feb 1;87(3):177-182.

**Decision rationale:** According to the guidelines, work up and differential for chest pain includes a rule out of pancreatitis as a differential. The presentation with chest pain in the outpatient clinic or ED routinely includes a Lipase. The request for Lipase is not medically necessary.

**Apolipoprotein x 2:** Upheld

**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 Outpatient Diagnosis of Acute Chest Pain in Adults - JOHN R. McCONAGHY, MD, CPE, and RUPAL S. OZA, MD, MPH, The Ohio State University, Columbus, OhioAm Fam Physician. 2013 Feb 1;87(3):177-182.

**Decision rationale:** According to the guidelines, work up and differential for chest pain includes enzyme work up and rule out of abdominal issues. Long-term cardiac protection is managed with LDL and HDL. There is no indication for apolipoprotein or evidence that determining the levels improves outcomes for chest pain and is not medically necessary.