

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Heart Image (3d), Multiple, Nuclear Medicine Stress Test **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/05/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/06/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Heart Image (3d), Multiple, Nuclear Medicine Stress Test is not medically necessary and appropriate.

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 21, 2013.

"This 55-year-old male sustained an injury on 1/28/13. The mechanism of injury was not provided. The listed diagnoses included neck sprain. He was seen by Dr. [REDACTED] initially and in the course of treatment, reported chest discomfort for which an ECG was done and reported as normal, along with lab studies. The patient reported he had chest pain radiating to the left arm while at work. He was seen by Dr. [REDACTED] at that time with normal ECG and labs reported. He had complaints of chest pain since then. The pain was not associated with food ingestion, activity or emotional stress. An EKG that was undated accompanied the report, and indicated possible left atrium enlargement and non-specific T-wave abnormality. He smoked 1/2 pack per day since he was a teenager. He had complaints of chest pain since then. The patient was seen by Dr. [REDACTED] MD on 5/13/13, reporting a history of working as a shelf stocker at the commissary for the U.S. Navy when he developed chest pain radiating to the left arm associated with breathlessness. The chest pain persisted, and after two hours of rest, he went home. An EKG done by Dr. [REDACTED] was reported as being negative. The chest pain had since recurred, but not associated with food ingestion, physical activity, or emotional stress. An EKG that was undated accompanied the report, indicating possible left atrium enlargement and non-specific T-wave abnormality. The patient received beta blockers, channel calcium antagonist, ace inhibitors, and statin therapy from Dr. [REDACTED]. The objective findings on examination listed the patient had increased PA diameter and decreased diaphragmatic excursion. Rhonchi was clear with cough. Cardiac exam was not remarkable and there was absence of pedal edema. An EKG was done showing

normal sinus rhythm, left atrial enlargement, and marked non-specific ST-T wave changes. There was a question of ischemic coronary arterial disease and it was recommended that the patient have a sestamibi treadmill exercise.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination provided by [REDACTED] and performed by [REDACTED] dated 5/21/13
- Medical Records provided by [REDACTED], MD and [REDACTED] [REDACTED] from 5/13/2013 through 5/16/2013
- Guidelines unavailable from MTUS or ODG regarding Cardiovascular Issues

1) Regarding the request for a Heart Image 3D, multiple. Nuclear Medicine Stress Test:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Principles of Internal Medicine 14th Edition, Cardiac Imaging Techniques, p 864-870, and The Guide to Cardiology, 4th Edition, by Robert A Kloner, MD 5th Edition: p 48-63, which are Nationally Recognized Professional Standards not in the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer agreed that nothing in the MTUS was relevant and applicable to the clinical circumstance of the employee and found the referenced guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee reported an injury with neck strain on 1/28/2013. The employee described associated chest discomfort. An ECG was normal. The employee was treated with multiple medications and referred to a Cardiologist, who recommended an echocardiogram and a sestamibi treadmill stress test.

The Expert Reviewer found no section of the MTUS to be applicable and relevant to the issue at dispute. The Expert Reviewer found that Harrison’s Internal Medicine 14th Edition, Cardiac Imaging Techniques. P 864-870, Nationally Recognized Professional Standard not in the MTUS, and The Guide to Cardiology, 4th Edition, by Robert A Kloner, MD, 5th Edition, p 48-63, were applicable and relevant to the issue at dispute. The workup for cardiac ischemia starts with tests already performed. The next step, a stress echocardiogram has

been certified. The requested Heart Image (3D), multiple, Nuclear Med Stress Test is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.