

<b>Case Number:</b>	CM13-0015112		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66 year old female with date of injury of 6/4/2007. The clinical note dated 8/20/2013 reports that the claimant was following up for her asthma. On her last visit she received a sample of Tudorza. Three hours after taking the medication she developed an acute bronchospasm which required the use of her rescue inhaler. The claimant is lactose intolerant and lactulose is part of the component of this inhaler. Her exam showed her chest was clear to auscultation. Her allergy testing was normal and her immunoglobulin (IgE) level was normal. Her diagnosis is asthma. Treatment is prednisone 5 mg tablet, taking 8 tablets on day one then decrease by one tablet daily #50, refills 2. Review of other clinical notes show that claimant has been diagnosed with 1) sick building syndrome 2) allergic rhinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab draw quantity of 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Allergy blood testing: A practical guide for clinicians, Cleveland Clinic Journal of Medicine September 2011 vol. 78 9 585-592.

**Decision rationale:** The claimant had been referred to an allergist for allergy testing on 6/28/2013. There was IgE testing done, which was normal (as reported in clinical note dated 8/20/2013). Testing IgE for specific allergens is a standard procedure by the specialty and is used when trying to identify an allergen. The diagnosis was sick building syndrome which resulted in the patient having to have the blood test done because of her difficult to control asthma. As a result the request for the performed Lab Draw is determined to be medically necessary.