

<b>Case Number:</b>	CM13-0039556		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2013

### 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 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 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:

This is a 57 year old female with date of injury 4/19/2013 with chest pain and bronchial irritation from exposure to toxic chemicals due to paint fumes while painting was going on in her office. Her diagnoses are Toxic fume exposure, acute chemical bronchitis and chemical esophagitis. She complains of a cough, raspy voice, occasional shortness of breath and ear and throat discomfort. She has reported chest pain due to continued low-grade coughing, episodes of air hunger and difficulty sleeping at night unless she maintains an upright position. Physical examination dated 5/3/13 found blistering of her pharynx and examination performed on 5/20/2013 found mild cobblestoning in the posterior oropharynx. Pulmonary function tests were normal. Treatments have included used of Z-pak azithromycin, an albuterol inhaler, cough lozenges, nasal sinus irrigation and Allegra D. Omeprazole has helped with pain from concomitant GERD and chemical esophagitis. She has been placed on modified work duties with exposure (paint fumes) avoidance and instructions to not speak or use the telephone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective X-ray:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter.

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

**Decision rationale:** After careful review of the records indicate that the employee had pulmonary symptoms ( cough and chest pain ) that did not resolve after 3 months despite almost a normal physical exam. Conditions such as infectious, connective tissue diseases, neoplastic and allergic process shall be considered in the differential diagnoses , therefore chest x-ray is indicated for further work up and evaluation .

**Prospective Pulmonologist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The employee had symptoms that persisted despite medicines to treat the chemical pneumonitis and the condition did not improve in 3 months. She needs further work-up and consult with the pulmonologist.