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| Case Number: | CM14-0009612 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 04/28/2006 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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/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 injured worker is a 47-year-old female with an injury reported on 04/28/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/18/2013, reported that the injured worker presented with multiple complaints of productive cough, sputum, shortness of breath, chest pain, abdominal pain, and blood in stools. The physical examination revealed the injured worker had a cough without improvement. The injured worker's prescribed medication list was not included in the clinical notes. The injured worker's diagnoses included chronic bronchitis and asthma. The provider requested computed tomography (CT) scan of the chest without contrast, and multiple labs. The rationale was not provided in clinical notes. The Request for Authorization was submitted on 01/21/2014. The injured worker's prior treatments were not provided in clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY (CT) SCAN OF THE CHEST WITHOUT CONTRAST:

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 Official Disability Guidelines (ODG), Pulmonary, CT (computed tomography).

Decision rationale: The injured worker complained of cough, sputum, shortness of breath, and chest pain. The provider did not indicate rationale for CT of the chest. The Official Disability Guidelines recommend computed tomography (CT) as the preferred method of evaluating and establishing the diagnosis of interstitial lung disease or bronchiectasis. There is a lack of clinical documentation provided indicating the injured worker has a condition or diagnosis with supportive objective findings to warrant the medical necessity of a chest CT. As such, the request is not medically necessary.

LABS: COCCI COMP FIX, ASPERGILLIS TITER, IMMUNOGLOBULIN ELECTROPHORESIS, IGE & ACE LEVELS, TB QUANTIFERON, ANA, RHEUMATOID FACTOR, CRP, ANCA, ESR, SCL70, C & P: 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 MedlinePlus, Coccidioides complement fixation, immunoelectrophoresis, antinuclear antibody panel, online database www.MedlinePlus.com Lab Test Online, C-reactive protein, angiotensin-converting enzyme, QuantiFERON -TB, online database www.labtestonline.org.

Decision rationale: The injured worker complained of cough, sputum, shortness of breath, and chest pain. The provider's rationale was not provided for laboratory tests. Coccidioides complement fixation is a blood test that looks for antibodies to the fungus Coccidioides immitis. This fungus causes the disease coccidioidomycosis. Serum immunoelectrophoresis is a lab test that measures proteins called immunoglobulins in the blood. There are many types of immunoglobulins. Some can be abnormal and due to cancer. This test is most often used to check the levels of certain immunoglobulins (or antibodies) associated with multiple myeloma and Waldenstrom's macroglobulinemia. This test has mostly been replaced by another test called immunofixation. There is a lack of clinical documentation provided indicating the injured worker has a condition or diagnosis with supportive subjective and objective findings to warrant the medical necessity of these laboratory tests. As such, the request is not medically necessary.