

Case Number:	CM14-0014964		
Date Assigned:	02/28/2014	Date of Injury:	09/15/2005
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 09/15/2005. The mechanism of injury was reported to be due to exposure to toxic substances. Per the evaluation dated 01/27/2014, the injured worker reported shortness of breath, stomach pain, asthma, chest pain, and musculoskeletal pain with loss of balance, dizziness, and tingling sensation of extremities. The injured worker also reported insomnia, irritability, and depression. On physical examination, examination of the lungs was normal. Heart sounds are normal. Abdomen had no enlargement of the liver. There was no edema to lower extremities. Knee jerk reflexes were good. Sensitivity was within normal range. The request for authorization of medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BRONCHODILATION AND METHACHOLINE CARDIAC TREADMILL: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/17565027>,

http://www.heartsite.com/html/regular_stress.html, http://www.medicinenet.com/bronchodilator-aerosol_oral_inhaler/article.htm.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) do not specifically address bronchodilation and methacholine along with cardiac treadmill. Official Disability Guidelines do not address it as well. Methacholine challenge testing, also sometimes described as bronchoprovocation testing is widely performed for both research and diagnostic purposes. Methacholine challenge testing is clinically useful when the patient presents with a history of symptoms suggesting asthma but spirometry findings are normal. Bronchodilator drugs are usually administered by inhalation. This drug relaxes the smooth muscle in the lungs and dilates airways to improve breathing. It is used in the treatment of asthma, chronic bronchitis, and emphysema. Reasons why a cardiac treadmill stress test may be performed include those with symptoms or signs that are suggestive of coronary artery diseases or significant risk factors for coronary artery disease, to evaluate exercise tolerance, to evaluate blood pressure, to look for exercise-induced serious irregular heartbeats. There was a lack of objective clinical findings or subjective complaints that would indicate a heart condition or the need for a cardiac treadmill test. In addition, there was a lack of documentation regarding any baseline studies, such as a chest x-ray, to warrant the need for bronchodilation or methacholine studies. The documentation provided indicated normal lung and heart sounds. Therefore, the request for Bronchodilation and methacholine cardiac treadmill is not medically necessary and appropriate.

PULMONARY TREADMILL: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/lft/>, http://www.mettest.net/pulmonary_function_test.html, www.mmchs.org/.../0/.../Pulmonary%20Treadmill%20Stress%20Test.pdf.

Decision rationale: Per online documentation, lung function test include breathing tests and tests that measure the oxygen level in your blood. These tests may not show what is causing breathing problems, so you may have other tests as well, such as an exercise stress test. There are 5 tests that make up a full pulmonary function test they are forced volume capacity, slow vital capacity, maximum voluntary ventilation, lung diffusion, and nitrogen washout. There is a lack of documentation that any of the above referenced tests were conducted prior to the current request. Therefore, the request for the pulmonary treadmill test is not medically necessary and appropriate.

LUNG VOLUME: 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, pulmonary function testing.

Decision rationale: Per Official Disability Guidelines (ODG), complete pulmonary function test adds test of the lung volumes and the diffusing capacity for carbon monoxide. Other test of pulmonary function useful in asthma includes the spirometry before and after the use of a bronchodilator or after the use of a bronchoconstrictor generally followed by bronchodilator. There is a lack of objective clinical documentation stating that any other tests have been run to determine whether or not the patient has asthma. Therefore, the request for lung volume is not medically necessary and appropriate.