MAXIMUS Federal Services

| Case Number: | CM14-0134478 | | |
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| Date Assigned: | 08/27/2014 | Date of Injury: | 02/29/1996 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

## 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 Emergency 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 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:

Patient with reported date of injury on 2/29/1996. No mechanism of injury was provided for review. Work related diagnosis are cervicalgia with radiculopathy. Patient has multiple co-morbid medical problems including diaphragmatic paralysis, hiatal hernia, migraines, chronic obstructive pulmonary disease/emphysema, paroxysmal atrial fibrillation, restrictive lung disease, thoracic outlet syndrome post rib resection and depression. Patient is chronically on oxygen at home. Medical reports reviewed. Last report available until 7/8/14. Patient complains of neck pain. Pain radiates to R arm. Pain is 7/10 and occasionally 8-9/10 on worst days. Complains of decreased arm strength. Objective exam reveals normal blood pressure and heart rate. Pulsox of 96% on 4Liter body surface area. BMI is 40.3. Patient is reportedly in distress from neck pain. Range of motion is limited especially R sided rotation. No tenderness of palpation. No decreased sensation noted. Strength in upper extremities are "reduced". There is no documentation as to why Pulmonary Function Test was requested. Noted recent pulmonary infection and has completed steroids and antibiotics. Chest X-ray (4/15/14) reveals signs of chronic obstructive pulmonary disease with hyper expansion and prominent interstitial markings. Medications include Baclofen, Clotrimazole, Cymbalta, Digoxin, Diltiazem, Docusoft, Dulcera, Endocet, Fluticasone, Furosemide, Levofloxacin, Multaq, Oxygen, Omeprazole, Promethazine/Codeine, Relpax, Tizanidine and Zomig. Independent Medical Review is for Pulmonary Function Test. This review will assess the medical necessity as per MTUS Guidelines of the requested service/prescription. It is up to the patient, provider, lawyers and insurance company to determine if the underlying disease is associated or caused by the injury claim, this review does not take sides in that issue. Prior UR on 7/29/14 recommended non-certification.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonary Function Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) <Pulmonary>, <Pulmonary Function Testing>

**Decision rationale:** This review will assess the medical necessity as per MTUS Guidelines of the requested service/prescription. It is up to the patient, provider, lawyers and insurance company to determine if the underlying disease is associated or caused by the injury claim, this review does not take sides in that issue.MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Pulmonary Function Tests(PFT) is recommended in asthmatics or chronic lung disease. It may also be recommended in pre-operative assessment of patient's with lung disease. The provider has failed to provide any rationale for requested PFT. Patient has moderate to severe chronic lung disease and is on significant home oxygen with likely prior PFT or if not, likely meets criteria for recommendation. However, since the requesting provider has failed to provide any justification for requested PFT or any documentation of prior PFT results, requested Pulmonary Function Test is no medically necessary.