

Case Number:	CM14-0024943		
Date Assigned:	06/11/2014	Date of Injury:	06/15/2007
Decision Date:	08/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Family Practice and is licensed to practice in Georgia and Texas. 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 53-year-old female who reported an injury on 06/15/2007 reportedly while working in a bakery she developed the fluctuated degrees of cough. The injured worker's treatment history included chest x-ray, medications, surgery, and bronchoscopies which occasionally required tracheal dilation. On 10/20/2013 the injured worker underwent a fiberoptic bronchoscopy that did not show significant tracheal stenosis. It was noted within the documentation that the injured worker had undergone a chest X-ray on 12/06/2013 that revealed lungs were clear with normal volumes. No pleural effusion was noted and a negative tuberculin skin testing. The injured worker was evaluated on 12/10/2013 and it was documented that the injured worker was a lifelong nonsmoker, who had a negative tuberculin skin testing. The worker states that she has experienced worsening cough, blood-tinged sputum production, dyspnea, wheezing and chest pain with coughing, and heart burn. She denied fever, chills, and sweats. On the physical examination worker had episodically coughing and was tearful. She had moist mucous membranes, good gas exchange and no focalized wheezing or rales. It was noted that the injured worker may have had an active infection in the setting of asthma possibly related to her prior work in a bakery. The diagnoses included cough/hemoptysis. The medications included Symbicort and Albuterol. Authorization dated 12/17/2013 was for bronchoscopy. The rationale was to reassess for tracheal stenosis and potential bleeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bronchoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment /Disability Duration Guidelines, Pulmonary (Acute & Chronic), Online Version, updated 10/29/2013, Bronchoscopy, Diagnostic and Interventional.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) Bronchoscopy.

Decision rationale: According to the Official Disability Guidelines (ODG), state that bronchoscopy is recommended to be used for diagnostic purposes in patients suspected of having small cell lung cancer (SCLC) based on the radiographic and clinical findings, or in patients with central airway obstruction. Also recommended patients with suspicion of airway involvement by malignancy in whom the chest radiographic findings are normal. Official Disability Guidelines state that bronchoscopy is recommended in the patient with chronic cough, unless there is suspicion of a tumor or foreign body. A bronchoscopy is also recommended as a more definitive method of acquiring lower respiratory tract secretions when needed for infectious disease management. It was noted within the documentation that the injured worker had undergone a chest X-ray on 12/06/2013 that revealed lungs were clear with normal volumes. No pleural effusion was noted and a negative tuberculin skin testing. In addition, there was lack of documentation provided on the injured worker outcome measurements after she uses her asthma inhalers. There was no pulmonary functional test measurements indicated for the injured worker. No pleural effusion was noted and a negative tuberculin skin testing. Given the above, the request for Bronchoscopy is not medically necessary and appropriate.