

<b>Case Number:</b>	CM14-0029189		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and is licensed to practice in New York. 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 claimant is a 62-year-old male who sustained an industrial injury on 10/23/2013. The mechanism of injury was not provided for review. his diagnoses include low back pain, bilateral shoulder pain, headaches, sleep deprivation, anxiety and depression. There is no physical exam findings noted. The treating provider has requested lung volume bronchodilation studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lung volume bronchodilation:** 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), Pulmonary function testing.

**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: Medscape Internal Medicine: Lung Function Testing.

**Decision rationale:** According to Medscape Internal Medicine, lung function testing, spirometry is used to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, monitor effects of therapies used to treat respiratory disease, evaluate respiratory impairment, evaluate operative risk, and perform surveillance for occupational-related lung disease. In this case, there

is no specific indication for the requested study. The claimant has no reported pulmonary condition. The medical necessity for the requested item has not been established. As such, the requested for lung volume bronchodilation is not medically necessary.