

Case Number:	CM14-0031099		
Date Assigned:	03/13/2014	Date of Injury:	06/04/2011
Decision Date:	03/19/2014	UR Denial Date:	02/17/2014
Priority:	Expedited	Application Received:	03/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 44 year old female who sustained a work injury on 06/04/2011. The mechanism of injury was not provided. Her diagnoses include chronic low back pain, lumbar radiculopathy, depression, insomnia and medication-related dyspepsia. On exam she has decreased range of lumbar motion. She admits to insomnia with inability to sleep through the night. She uses sleep medication (Zolpidem). The treating provider has requested an URGENT pulmonary function and stress testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT PULMONARY FUNCTION AND STRESS TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ODG, Pulmonary Function Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Evaluation; and ACC/AHA Guidelines for Cardiac Imaging 2012

Decision rationale: There is no indication for pulmonary function testing. The claimant has no history of asthma or history of shortness of breath, cough or wheezing. Pulmonary Function

Testing (PFT) is a complete evaluation of the respiratory system including patient history, physical examinations, chest x-ray examinations, arterial blood gas analysis, and tests of pulmonary function. The primary purpose of pulmonary function testing is to identify the severity of pulmonary impairment. Pulmonary function testing has diagnostic and therapeutic roles and helps clinicians answer some general questions about patients with lung disease. Medical necessity for the requested item has not been established. The requested item is not medically necessary. There is no documentation for stress testing. The ACC/AHA Guideline Update indicates that a thorough evaluation of appropriately selected patients will also afford an assessment of cardiac prognosis over the long term. Exercise stress is preferred in patients capable of achieving adequate workloads; radionuclide techniques should be reserved for patients whose baseline ECGs render exercise interpretation invalid or who require pharmacologic stress because of the inability to exercise. There are no symptoms of cardiac disease to warrant a stress test. Medical necessity for the requested item has not been established. The requested item is not medically necessary.