Case Number:	CM14-0061414		
Date Assigned:	07/09/2014	**Date of Injury:**	10/22/2013
Decision Date:	09/08/2014	**UR Denial Date:**	04/24/2014
Priority:	Standard	**Application Received:**	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 53-year-old female who has submitted a claim for chemical exposure, headache, and sore throat, associated with an industrial injury date of October 22, 2013. Medical records from 2013 through 2014 were reviewed. The progress report, dated 03/06/2014, showed headache but has had one ever since the injury. She was having shortness of breath in the morning and chronic cough. There was a prickly sensation in her throat. Physical examination revealed normal vital signs with 96% oxygenation on room air. Oropharynx was moist and pink without erythema. There was clear breath sounds with good air movement. No wheezes or rhonchi were noted. There was regular heart rate and rhythm with no murmurs or gallops noted. All other physical findings were normal including the neurological examination. Diagnostic testing included nasal endoscopy, which showed some bogginess of the nasal turbinates. There was no septal perforation but there was slight septal deviation to the left. There was no purulence, erythema, or sign of infection. Pulmonary function testing revealed normal results, FVC 84%, FEV1 83% and FEV1/FVC 99% of predicted. Electrocardiogram (ECG) revealed normal findings as well. Treatment to date has included medications, work restrictions and rest. Utilization review from 04/24/2014 denied the request for computed tomography (CT) scan of the chest without contrast because no differential diagnosis was discussed regarding the pathology a CT scan might detect in this patient with no evidence of an allergic response or pulmonary involvement per pulmonary function testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the chest without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Online edition, Chapter: Pulmonary, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition Chapter: Pulmonary CT (computed tomography).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition was used instead. It states that chest CT scan is the preferred method of establishing the diagnosis of bronchiectasis or interstitial lung disease. Computed tomography (CT) remains the main imaging technique for the preoperative staging and post-therapeutic evaluation of bronchogenic carcinoma and for patients with either a known or suspected lung cancer who are eligible for treatment. It was recommended as a screening tool for the detection of lung cancer. In this case, the rationale for requesting a chest CT scan without contrast was to identify any lung pathology and for reassurance. However, there was no documented differential diagnosis regarding the lung pathology that the CT scan might detect. Furthermore, there were no significant findings in the medical review that would indicate the patient for a chest CT scan. The medical necessity was not established. Therefore, the request for a chest CT scan without contrast is not medically necessary.