

<b>Case Number:</b>	CM14-0073965		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/20/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Pulmonary Disease 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:

The injured worker is a 59-year-old male who reported an injury on 05/20/2005. The injured worker reportedly experienced a sudden onset of chest pain while walking and carrying a smoke exhaust fan. Current diagnoses include chronic obstructive asthma, severe obstructive sleep apnea, shortness of breath, chronic pain syndrome, essential hypertension, hypothyroidism, and allergic rhinitis. The latest physician's progress report submitted for this review is documented on 07/07/2014. The injured worker presented following a recent hospitalization for COPD exacerbation. The injured worker was admitted into the hospital in 06/2014 for approximately 1 week. While hospitalized, the injured worker was treated with breathing treatments and intravenous corticosteroids. The injured worker reported an improvement in symptoms with only mild shortness of breath and coughing. The current medication regimen includes hydrochlorothiazide, aspirin, theophylline, amlodipine, Symbicort, ProAir HFA, Singulair, levalbuterol, ipratropium bromide solution, and prednisone 20 mg. A chest X-ray obtained on 06/14/2014 indicated probable fibrosis and atelectasis with mild emphysematous changes. Physical examination revealed expiratory wheezes with diminished breath sounds throughout. Treatment recommendations at that time included continuation of the current medication regimen as well as bronchial thermoplasty. There was no DWC Form RFA submitted for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Bronchial Thermoplasty x 3 sessions.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines do not specifically address the requested service. Bronchial thermoplasty: A promising therapy, still in its infancy Cleveland Clinic Journal of Medicine 2011. Bronchial thermoplasty: A new treatment for severe refractory asthma. THOMAS R. GILDEA, MD, MS, SUMITA B. KHATRI, MD, MS, MARIO CASTRO, MD, MPh. Bronchial thermoplasty was recently approved for treating severe refractory asthma that is not well controlled by high-dose inhaled corticosteroids and long-acting bronchodilator therapy. This article reviews its indications, evidence of efficacy, and protocols. Bronchial thermoplasty involves the application of radiofrequency energy to the airways distal to the mainstem bronchi down to airways as small as 3 mm in diameter. Treatments are done in three separate sessions, with careful monitoring before and after for respiratory complications that can occur in severe asthma. Airway complications and asthma exacerbations can occur up to 6 weeks after the last procedure, thus requiring close patient follow-up. In clinical trials, including a randomized trial in which the control group underwent sham thermoplasty, bronchial thermoplasty had an acceptable safety profile while improving asthma quality-of-life scores, symptoms, and health care utilization.

**Decision rationale:** According to a journal article in the Cleveland Clinic Journal of Medicine, bronchial thermoplasty was recently approved for treating severe refractory asthma that is not well controlled by high-dose inhaled corticosteroids and long-acting bronchodilator therapy. Treatments are done in 3 separate sessions, with careful monitoring before and after for respiratory complications that can occur in severe asthma. As per the documentation submitted, there is insufficient evidence of a contraindication to traditional recommended treatment for the injured worker's current condition. Based on the currently available information and the lack of proven efficacy, the current request cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.