

Case Number:	CM13-0033805		
Date Assigned:	12/06/2013	Date of Injury:	10/25/2011
Decision Date:	01/29/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 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:

According to the records made available for review, this is a 48-year-old male with a 10/25/11 date of injury. At the time (10/3/13) of the Decision for BMP level, CT chest with IV contrast, and Bactrim DS 160mg bid x 12 days #24, there is documentation of subjective (progressive hypoxia) and objective (bilateral wheezes) findings, imaging findings (Reported CT of the chest (11/12/12) revealed a small noncalcified nodule in the right middle lobe laterally not changed from a previous study; there was no other lung nodules noted and no interstitial lung disease or bronchiectasis; report not available for review), current diagnoses (asthma, chronic obstructive pulmonary disease, and obstructive sleep apnea), and treatment to date (portable Oxygen and medications (including Prednisone, Albuterol, and Levaquin)). Regarding BMP level, there is no documentation of a clearly stated rationale identifying the medical necessity of the requested BMP level. Regarding CT chest with IV contrast, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding Bactrim DS 160mg bid x 12 days #24, there is no documentation of ear infections, urinary tract infections, bronchitis, traveler's diarrhea, shigellosis, or Pneumocystis jiroveci pneumonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

BMP LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Saguill A, Fargo M. Acute respiratory distress syndrome: diagnosis and management. *American Family Physician* 2012;85(4):352-8; Muir JF, Lamia B, Molano C, Cuvelier A. Respiratory failure in the elderly patient. *Seminars in Respiratory and Critical Care Medicine* 2010;31(5):634-46; and Smith SM, Roberts SB, Duggan-Brennan M, Powrie KE, Haffenden R. Emergency oxygen delivery in adults 1: updating nursing practice. *Nursing Times* 2009;105(10):16.

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of asthma, chronic obstructive pulmonary disease, and obstructive sleep apnea. However, there is no documentation of a clearly stated rationale identifying the medical necessity of the requested BMP level. Therefore, based on guidelines and a review of the evidence, the request for BMP level is not medically necessary.

CT CHEST WITH IV CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Saguill A, Fargo M. Acute respiratory distress syndrome: diagnosis and management. *American Family Physician* 2012;85(4):352-8; Muir JF, Lamia B, Molano C, Cuvelier A. Respiratory failure in the elderly patient. *Seminars in Respiratory and Critical Care Medicine* 2010;31(5):634-46; and Smith SM, Roberts SB, Duggan-Brennan M, Powrie KE, Haffenden R. Emergency oxygen delivery in adults 1: updating nursing practice. *Nursing Times* 2009;105(10):16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, CT (computed tomography). Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS does not address the issue. ODG identifies documentation of individuals with presumed interstitial lung disease or bronchiectasis, preoperative staging and post-therapeutic evaluation of bronchogenic carcinoma, or patients with either a known or suspected lung cancer who are eligible for treatment, as criteria necessary to support the medical necessity of CT chest. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To

diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of diagnoses of asthma, chronic obstructive pulmonary disease, and obstructive sleep apnea. However, despite documentation of subjective (progressive hypoxia) and objective (bilateral wheezes) findings, there is no (clear) documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for CT chest with IV contrast is not medically necessary.

BACTRIM DS 160MG BID X 12 DAYS #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Saguill A, Fargo M. Acute respiratory distress syndrome: diagnosis and management. *American Family Physician* 2012;85(4):352-8; Muir JF, Lamia B, Molano C, Cuvelier A. Respiratory failure in the elderly patient. *Seminars in Respiratory and Critical Care Medicine* 2010;31(5):634-46; and Smith SM, Roberts SB, Duggan-Brennan M, Powrie KE, Haffenden R. Emergency oxygen delivery in adults 1: updating nursing practice. *Nursing Times* 2009;105(10):16.

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: <http://www.drugs.com/bactrim.html>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of ear infections, urinary tract infections, bronchitis, traveler's diarrhea, shigellosis, or *Pneumocystis jiroveci* pneumonia, as criteria necessary to support the medical necessity for Bactrim. Within the medical information available for review, there is documentation of diagnoses of asthma, chronic obstructive pulmonary disease, and obstructive sleep apnea. However, there is no documentation of ear infections, urinary tract infections, bronchitis, traveler's diarrhea, shigellosis, or *Pneumocystis jiroveci* pneumonia. Therefore, based on guidelines and a review of the evidence, the request for Bactrim DS 160mg bid x 12 days #24 is not medically necessary.