MAXIMUS Federal Services

Case Number:	CM14-0037264		
Date Assigned:	03/28/2014	Date of Injury:	02/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 64 year old male who sustained an industrial injury on 2/21/2011. Recently he reported that he was still experiencing shortness of breath. The injured worker has been diagnosed with, and/or impressions were noted to include elevated right hemi-diaphragm and shortness of breath. Treatments to date have included consultations; chest x-rays; and no medication management. Previously, in 5/2013, the injured worker complained of chronic shortness of breath following a cervical spine procedure and was referred to a pulmonologist for diagnostic evaluation, resulting in recommendation for fluoroscopic examination of the right hemi-diaphragm that was never authorized. The 9/11/2013 Emergency room visit noted complaints of a sudden appearance of a lump in the right upper quadrant, along with shortness of breath that started the previous May, 2011, secondary to suspected phrenic nerve injury from cervical spine fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT SNIFF TEST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pubmed/17368210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uwmedicine.org/health-library/Pages/sniff-test-chest-fluoroscopy.aspx.

Decision rationale: MTUS and ACOEM do not address this. Alternated guidelines were sought. The sniff test is a fluoroscopic exam used to check how the diaphragm (the muscle that controls breathing) moves during activities such as breathing normally and inhaling rapidly. Your diaphragm normally moves down when you inhale, and up when you exhale. Both the right and left sides of your diaphragm should move in the right direction at the same time. During the sniff test, the radiologist will observe how your diaphragm moves. You will be asked to "sniff" or quickly breathe in through your nose. An injury or abnormality resulting in paralysis of the phrenic nerve (the nerve responsible for diaphragmatic motion) can be detected in this manner. Sniff Test (PDF) How is the examination performed? Small amounts of X-rays are passed through the body. When a special X-ray detector is exposed to the absorbed X-rays, a detailed picture of the diaphragm is captured. The radiologist or technologist will have you sniff or quickly breathe in through your nose and then take pictures of your diaphragm. The procedure takes about 15 minutes. Per review of clinical documentation provided, the patient met criteria for this test to be utilized. Therefore the request is medically necessary.