Case Number:	CM15-0106484		
Date Assigned:	06/10/2015	**Date of Injury:**	02/01/2014
Decision Date:	07/21/2015	**UR Denial Date:**	05/07/2015
Priority:	Standard	**Application Received:**	06/02/2015

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: New York
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 50 year old male, who sustained an industrial injury on 2/1/14. He reported being constantly exposed to dust, fumes form chemicals, paints, degreasers and lubricants. The injured worker was diagnosed as having uncontrolled hypertension, pseudo-hypertension, asymptomatic hypertension, coronary artery disease, medication reaction, anxiety and non-compliance. Treatment to date has included activity restrictions and oral medications. Currently, the injured worker complains of chest pain, breathing problems and headaches. He is not working. He states he has smoked for 4 years. Physical exam noted clear lungs, regular heart rate and rhythm and tenderness to palpation of shoulder. Treatment plan included chest x-ray, lung function tests, electrocardiogram, pulse oximetry and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lung Function Test performed 4/15/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015 Pulmonary Chapter, Pulmonary function testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Function testing and Other Medical Treatment Guidelines http://smartmedicine.acponline.org/http://www.mayoclinic.org/.

Decision rationale: Lung function test (Spirometry) is an office test used to assess how well the lungs work by measuring how much air a patient inhales, exhales and how quickly the patient exhales. Per guidelines, Spirometry is used to diagnose asthma, chronic obstructive pulmonary disease (COPD) and other conditions that affect breathing. Spirometry may also be used periodically to assess treatment for a chronic lung conditions. ODG recommends Pulmonary Function testing for the diagnosis and management of chronic lung diseases. The injured worker complains of chest pain and shortness of breath. The recommendation for pulmonary function testing to assess lung volume in light of persistent breathing problems is clinically appropriate. The request for Retrospective Lung Function Test performed 4/15/15 is medically necessary per guidelines.

Retrospective Pulse Oximetry performed 4/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Davidson, J Hosie, H. Limitations of pulse oximetry: respiratory insufficiency- a failure of detection [case report]. BMJ. 2013; 307; 372-373.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://smartmedicine.acponline.org/http://www.mayoclinic.org/.

Decision rationale: Pulse Oxymetry is a noninvasive test used to check blood oxygen level in patients presenting with difficulty breathing and to monitor patients being treated for Hypoxemia (low blood oxygen). This test is done using a pulse oximeter, a small device that clips on a patient's finger. Though the pulse oximeter actually measures the saturation of oxygen in the blood, the results are often used as an estimate of blood oxygen levels. At the time of the requested service under review, documentation showed that the injured complained of chest pain and ongoing shortness of breath. Physician report failed to demonstrate that the injured worker was in respiratory distress to warrant the need for pulse oximetry. The request for Retrospective Pulse Oximetry performed 4/15/15 is not medically necessary.

Retrospective Sedimentation rate performed 4/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "ESR". MedlinePlus: U.S National Library of Medicine & National Institutes of Health. International Council for Standardization in Haematology (Expert Panel on Blood Rheology) (2013) "ICSH recommendations for measurement of erythrocyte sedimentation rate. International Council for Standardization in Haematology (Expert Panel on Blood Rheology)". J. Clin. Pathol. 45 (3). 198-203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, pg 70. Decision based on Non-MTUS Citation http://www.mayoclinic.org/.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Sedimentation rate, or erythrocyte sedimentation rate (ESR), is a blood test that is used to indicate the levels of inflammation in the body. Documentation provided indicates that the injured worker has multiple orthopedic injuries with complains on ongoing shoulder pain. Physician reports fail to show acute exacerbation of symptoms or objective findings of inflammation to support the request for Sedimentation Rate test. The request for Retrospective Sedimentation rate performed 4/15/15 is not medically necessary.

Troponin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Guide to Cardiology, 4th Edition, by Robert A Koner, MD, Editor; 5th Edition, pages 145-155, 177-178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://smartmedicine.acponline.org/.

Decision rationale: Per guidelines, troponin level is measured in patients presenting with chest pain who are suspected of having acute coronary syndrome or heart attack. Troponins are proteins released in the blood when the heart muscle is injured, as in patients having heart attack. If initial markers are normal, repeat measurements at 3 to 6 hours is recommended after onset of symptoms such as chest pain. The injured worker complains of chest pain and shortness of breath. At the time of the requested service under review, documentation showed that the injured complained of chest pain and ongoing shortness of breath. Physician reports failed to demonstrate that the injured worker was in acute distress to suspect acute coronary syndrome. The medical necessity for ordering a troponin level is not established. The request for Troponin is not medically necessary.