

Case Number:	CM15-0217107		
Date Assigned:	11/06/2015	Date of Injury:	01/07/2000
Decision Date:	12/18/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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: California, Indiana, 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 56 year old female, who sustained an industrial injury on 01-07-2000. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, pulmonary hypertension, diabetes, asthma, obstructive sleep apnea and history of pulmonary emboli. Treatment has included Baclofen, Abilify, Aldactone, Altace, Coreg, Cymbalta, Edecrin, Gabapentin, Coumadin, Xanax, ProAir, Flovent, Norco, acupuncture, chiropractic treatment. In a qualified medical examiner (QME) review of records report dated 08-31-2015, the physician noted that the worker had a history of pulmonary embolism in 2008 with supra ventricular thrombosis x2. Pulmonary ventilation-perfusion scan performed on 01-29-2015 was noted to show a few mismatched perfusion defects similar to the prior examination from 2009, which might represent chronic pulmonary thromboembolism. Spirometry testing was noted as being performed on 02-04-2015, which showed reduced vital capacity indicating mild restrictive lung disease with no improvement after bronchodilator administration. The QME noted that during a 03-17-2015 office visit, the worker reported fatigue and depression with decreased activities of daily living. Oxygen was noted to help with ambulation. The worker was noted to experience dyspnea on exertion with one flight of stairs with intermittent chest pain, dizziness, pre-syncope, nasal congestion and runny nose. The physician had advised a repeat echocardiogram with continued diuresis and portable oxygen and follow-up with pulmonary medicine doctor. The QME noted that based upon a review of medical records, an updated evaluation of pulmonary arterial hypertension status and associated cardiovascular problems was recommended. The physician reported that the worker had noted increasing problems with activities of daily living, which may indicate worsening of her

pulmonary hypertension. In a 09- 21-2015 progress note, the worker was seen for re-evaluation for the purposes of evaluating her health and determining treatment. Subjective complaints included burning on urination and irritable bowel symptoms. Objective findings showed vital signs within normal limits, regular heartbeat, no murmurs and no peripheral varicosities or edema. The physician noted that the worker was recommended to undergo CT angiogram to evaluate for the presence of thromboembolic disease by a physician at Loma Linda Health System Pulmonary Hypertension Clinic. A request for authorization of CT angiogram was submitted. A utilization review dated 10-30-2015 non-certified a request for one CT angiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT angiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary (Acute & Chronic): 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) Pulmonary section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, one CT angiogram is not medically necessary. Computed tomography is the preferred method of establishing the diagnosis of bronchiectasis. CT imaging is recommended in individuals with presumed interstitial lung disease or bronchiectasis. It's the main imaging technique for preoperative staging and post therapeutic evaluation of bronchogenic carcinoma. In this case, the injured worker's working diagnoses are pulmonary arterial hypertension; history chronic thromboembolic disease; irritable bowel syndrome by history; chronic pain syndrome; and history of hypothyroidism. Date of injury is January 7, 2000. Request for authorization is September 21, 2015. The documentation indicates the injured worker has a history of pulmonary hypertension and chronic thromboembolic disease. The injured worker underwent an electrocardiogram, echocardiogram, right and left heart catheterization that showed luminary hypertension and congestive heart failure, obstructive sleep apnea, and V/Q (ventilation/perfusion) abnormalities. According to a September 21, 2015 pulmonology progress note, the injured worker has a history of pulmonary emboli and chronic pulmonary hypertension. There were no subjective symptoms of shortness of breath, tachypnea, tachycardia or other lung related complaints. Objectively, blood pressure is 110/80, heart rate 80 respirations 14, oxygen saturation was 97%. There were no clinical symptoms or objective clinical findings of pulmonary emboli at the time the physical examination September 21, 2015. There was no clinical rationale for performing a CT angiogram of the lungs. Based on clinical information in the medical record, the peer-reviewed evidence based guidelines and no documentation showing symptoms and/or objective findings of pulmonary emboli, one CT angiogram is not medically necessary.