MAXIMUS Federal Services

Case Number:	CM15-0032043		
Date Assigned:	02/25/2015	Date of Injury:	06/05/2003
Decision Date:	04/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on June 5, 2003. The injured worker sustained a head, shoulder and neck injury related to an electrical shock with a fall from a ladder. The diagnoses have included status post electrical shock, cervical sprain/strain, cervical spondylosis, chronic low back pain, lumbar degenerative disc disease, status post cervical fusion, status post lumbar fusion, status post removal of hardware and right knee surgery. Treatment to date has included pain medication, activity restrictions, an H-Wave Unit, multiple surgeries and a home exercise program. Current documentation dated January 16, 2015 notes that the injured worker complained of increasing low back pain, right wrist pain and numbness and left hip pain and left groin pain. Physical examination of the lumbar spine and lower extremities revealed tenderness and spasm of the paravertebral muscles bilaterally and a decreased sensation in the lower extremities. A straight leg raise test was negative bilaterally. On February 18, 2015 Utilization Review non-certified a request for a Pro-air hydrofluoroalkane (HFA) 90 mcg # 1. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Air HFA 90mcg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment Index, 13th Edition (web), 2015, Pulmonarym chapter, Asthma Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Asthma Medications in Pukmonary Chapter pg 68.

Decision rationale: According to he asthma guidelines, inhaled steroids with albuterol should be used 1st line for persistent asthma. Albuterol or beta-agonists can be used for intermittent asthma as needed. Pro Air is inhaled Albuterol. In this case, there was no formal diagnosis of asthma. Subjective complaints on 10/24/14 indicated difficulty breathing due to anxiety. Pro-air is not indicated for anxiety related breathing difficulty and is not medically necessary.