

<b>Case Number:</b>	CM15-0081016		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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  
 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 56 year old male, who sustained an industrial injury on 12/11/2012. The initial complaints or symptoms were not provided. There were also multiple dates of injuries per the agreed medical examination with multiple different injuries. The injured worker was diagnosed as having mechanical lumbar instability with possible musculoligamentous injury, and mechanical cervical instability with possible musculoligamentous injury. Treatment to date has included conservative care, medications, x-rays, MRIs, injections, conservative therapies, lung function testing, and EKGs. Currently, the injured worker complains of shortness of breath and a yellowish thick mucus. Oxygen saturation was 97%. The diagnoses include cervical disc degeneration with anterior osteophytes, acromioclavicular joint degenerative joint disease to bilateral shoulders, mild right wrist degenerative joint disease, moderately sever lumbar disc degeneration, mild right ankle degenerative joint disease, diabetes, gastroesophageal reflux, ulcers, hypertension, hyperlipidemia, obesity, history of chest pain, exposure to contaminants with symptoms of reactive airway disorder, and history of hepatitis C. The request for authorization included a stress echocardiogram and chest x-rays which were authorized, and a bronchial inhalation challenge test with Methacholine and weight loss program which were both non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bronchial Inhalation Challenge test w/ Methacholine, quantity 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Chapter.

**Decision rationale:** Per ODG, Methacholine challenge testing (MCT), also sometimes described as bronchoprovocation testing, is widely performed for both research and diagnostic purposes. MCT is clinically useful when the patient presents with a history of symptoms suggesting asthma, but spirometry findings are normal. In this case, the injured worker is diagnosed with exposure to contaminants with symptoms of reactive airway disorder. He complains of shortness of breath and Oxygen saturation was 97% on room air. The requested testing is supported per evidence based guidelines. The request for Bronchial Inhalation Challenge test w/ Methacholine, quantity 1 is medically necessary and appropriate.

**Weight Loss Program, quantity 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 (ODG) Treatment in Workers Comp, 5th Edition, 2007 or current year.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter.

**Decision rationale:** According to ODG's diabetes chapter, lifestyle (diet & exercise) modifications are recommended as first-line interventions. However, the medical records do not establish that the injured worker has attempted weight reduction with proper diet and exercise. Self attempts at weight loss is recommended prior to considering enrollment in a weight loss program. The request for Weight Loss Program, quantity 1 is not medically necessary and appropriate.