

<b>Case Number:</b>	CM15-0235072		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 9-07-2011. The injured worker was diagnosed as having depressive disorder, not otherwise specified. Treatment to date has included mental health treatment and medications. On 9-03-2015, the injured worker complains of continued complaints of anxiety, depression, impaired memory, irritability, uneven sleep, and breathing difficulties. Exam noted continued dysphoria, anxiety, decreased focus, and "less agitation since a friend has taken him in". The injured worker requested asbestos evaluation. The progress report dated 9-11-2015 noted that he continued to be pre-occupied with possible lung damage due to asbestos exposure at work. The Qualified Medical Examination Psychiatric Supplemental Report (10-15-2015) noted records review to include a psychiatric evaluation report dated 12-22-2014, noting diagnoses of pneumonia in 2011 and asbestos exposure, and that "headaches and other medical complaints" may be due to asbestos exposure. Initial Psychopharmacology Evaluation (3-02-2015) noted that review of symptoms was positive for difficulty swallowing, shortness of breath, stomach cramps, diarrhea, constipation, muscle and joint pain, headaches, dizziness, double vision, weakness, change in sensation, balance problems, and loss of consciousness (unable to say when). Psychiatric treatment report (7-24-2015) noted that the injured worker reported that some of his triggers associated with anxieties are due to his worry and concern for asbestos exposure. He remained off work. The treatment plan included asbestos evaluation, non-certified by Utilization Review on 11-06-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Asbestos evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Asbestos-related lung disease Am Fam Physician. 2007 Mar 1;75(5): 683-688.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** This claimant was injured in 2011. There was depression. The worker himself requested the asbestos evaluation. The QME noted that headaches and other medical complaints may be due to asbestos exposure; however, most occupational experts define this as a respiratory condition with respiratory symptoms. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists or evaluations if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. An asbestos evaluation might be reasonable if there were signs of asbestosis, such as pleuritic or other respiratory signs and symptoms, or a clinical indication for it. It does not seem clinically necessary as an untested "treatment" for the patient's fears about asbestos exposure. Further, with clinical indications for such an assessment not met, the request is not medically necessary.