

Case Number:	CM14-0128400		
Date Assigned:	08/15/2014	Date of Injury:	09/07/2013
Decision Date:	10/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old male who reported an injury on 09/07/2013 while going up a ladder that went through the ceiling into the roof, the injured worker stated that he did not notice the ceiling door hanging down and as he was going up quickly, he hit the top of his head on the ceiling door. Diagnoses were head contusion, headaches, cervical discopathy, thoracic myofasciitis, and lumbar myofasciitis. Past treatments were medications, physical therapy, acupuncture, and chiropractic sessions. The MRI of the brain without contrast on 01/17/2014 revealed no acute ischemia/infarct was identified. No intracranial hemorrhage or extra-axial fluid collection was seen. There are no areas of abnormal parenchymal signal. Extensive sinus disease was seen with a subtotal opacification in the right ethmoid air cells and moderate opacification of the left ethmoid air cells. A small air fluid level was seen within the left concha bullosa. Moderate polypoid mucosal thickening was seen into the right maxillary sinus with mild to moderate air fluid level. Polypoid mucosal thickening was seen along the inferior aspect of the left maxillary sinus. Correlate clinically for acute sinusitis. Physical examination on 05/19/2014 revealed nothing had changed. The injured worker had been taking over the counter medication for pharmaceutical management. He reported the medication did give him a little bit of relief, but was still having severe headaches. He was having difficulty speaking. He reported slurred speech and slow speech. He reported he was still dizzy. The injured worker reported he had a hard time with walking. Examination revealed for the cervical spine there was tenderness in the cervical spine at the C4-7 and associated paraspinal muscles. There was positive Spurling's test bilaterally. Thoracic spine revealed tenderness in the upper thoracic spine at T4, T5, T6, and T7 and associated paraspinal muscles. Examination of the lumbar spine revealed tenderness in the lumbar spine at L3-5 and associated paraspinal muscles. There was positive Kemp's test bilaterally. Treatment plan was for speech therapist. Also requesting physical therapy. The

request is for pulmonary stress testing, spirometry, and pulmonary function testing. The rationale and Request For Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary Stress Testing: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary Function Testing

Decision rationale: The decision for pulmonary stress testing is not medically necessary. Pulmonary function testing is recommended as indicated. Separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in 1 second (FEV1) and the forced expiratory flow between 25% to 75% of the total exhaled volume (FEF 25 to 75). The complete pulmonary function test (PFT) adds test of the lung volumes and the diffusing capacity for carbon monoxide. Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductants. Other test of pulmonary function useful in asthma include the spirometry, before or after the use of a bronchodilator, or after the use of a bronchoconstrictor (generally followed by a bronchodilator). The use of a bronchoconstricting agent is termed "Bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, imputative occupational chemical exposures), physical agents (cold air, dry air), and exercise. Also useful in asthmatics is the use of a peak flow meter to determine the presence of asthma, the response to treatment and exacerbations of asthma. Recommended in asthma, and other lung diseases, it can be used to determine their diagnoses and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. Recommended for the diagnosis in management of chronic lung diseases. Lastly, it is recommended in the preoperative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the preoperative assessment of the pulmonary patient. It was not reported that the injured worker was having any pulmonary issues. There were no complaints such as shortness of breath or coughing. The rationale for requesting pulmonary stress testing, spirometry, pulmonary function testing was not reported. The physical examination did not have any clinical documentation or objective reports of pulmonary problems. The clinical information submitted for review does not provide evidence to justify this request. Therefore, this request is not medically necessary.

Spirometry: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary Function Testing

Decision rationale: The decision for spirometry is not medically necessary. Other test of pulmonary function useful in asthma include the spirometry, before or after the use of a bronchodilator, or after the use of a bronchoconstrictor (generally followed by a bronchodilator). The use of a bronchoconstricting agent is termed "Bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, imputative occupational chemical exposures), physical agents (cold air, dry air), and exercise. Also useful in asthmatics is the use of a peak flow meter to determine the presence of asthma, the response to treatment and exacerbations of asthma. Recommended in asthma, and other lung diseases, it can be used to determine their diagnoses and provide estimates of prognosis. There were no complaints such as shortness of breath or coughing. The rationale for requesting pulmonary stress testing, spirometry, pulmonary function testing was not reported. The physical examination did not have any clinical documentation or objective reports of pulmonary problems. The clinical information submitted for review does not provide evidence to justify this request. Therefore, this request is not medically necessary.

Pulmonary Function Testing: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary Function Testing

Decision rationale: The decision for pulmonary function testing is not medically necessary. Pulmonary function testing is recommended as indicated. Separated into simple spirometry and complete pulmonary function testing. The simple spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in 1 second (FEV1) and the forced expiratory flow between 25% to 75% of the total exhaled volume (FEF 25 to 75). The complete pulmonary function test (PFT) adds test of the lung volumes and the diffusing capacity for carbon monoxide. Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductants. Other test of pulmonary function useful in asthma include the spirometry, before or after the use of a bronchodilator, or after the use of a bronchoconstrictor (generally followed by a bronchodilator). The use of a bronchoconstricting agent is termed "Bronchoprovocation" and commonly used agents include chemical agents (acetylcholine, methacholine, imputative occupational chemical exposures), physical agents (cold air, dry air), and exercise. Also useful in asthmatics is the use of a peak flow meter to determine the presence of asthma, the response to treatment and exacerbations of asthma.

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