

<b>Case Number:</b>	CM14-0162871		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 underlying date of injury in this case is 03/29/2014. The date of the utilization review under appeal is 09/24/2014. On 08/13/2014, the patient was seen in primary treating physician follow-up. The patient reported an ongoing cough with difficulty breathing and extreme fatigue. The patient was noted to be a security guard who had been exposed to chemical fumes, apparently from burning batteries for three hours on one of her work shifts. The treating physician recommended transfer of care to a pulmonologist. On 08/12/2014, the patient was seen in internal medicine consultation. The patient at that time was noted to be status post chemical exposure with symptoms including congestion and substernal burning. That note indicates that the patient previously refused radiology evaluation. The treating physician recommended MRI imaging of the chest and starting pulmonary physical therapy. Case management notes refer to a prior x-ray of the chest of 03/31/2014 which was within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the Chest with contrast: 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, MRI Imaging

**Decision rationale:** The Medical Treatment Utilization Schedule does not discuss indications for MRI imaging of the chest. The Official Disability Guidelines/Treatment in Workers Compensation/Pulmonary recommend MRI imaging of the chest only as an alternative to CT imaging for detecting pulmonary metastases, particularly in situations of young patients undergoing multiple follow-up evaluations. Thus, the requested test would be indicated only in very specific clinical situations which do not apply in this case. The medical records do not provide an alternative compelling rationale for this requested study. This request is not medically necessary.