MAXIMUS Federal Services

Case Number:	CM14-0163934		
Date Assigned:	10/08/2014	Date of Injury:	05/07/2014
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 42-year-old female who was injured on May 7, 2014. The patient continued to experience headache, chest discomfort, nausea, and sore throat after exposure to pesticide fumes and dead roaches. Physical examination was notable for lungs clear to auscultation and no rash. Diagnosis included inhalation exposure to pesticide fumes. Treatment included anti-anxiety medication. Evaluation included chest x-ray and pulmonary functions tests, which were negative. Requests for authorization for EKG, pulmonary function testing, chest x-ray, allergy mold profile including stachybotry, and labs including ESR, respiratory allergen panel, TSH, CHP, urinalysis, and CBC were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: ECG tutorial: Basic principles of ECG analysis

Decision rationale: The EKG is the most important test for interpretation of the cardiac rhythm, conduction system abnormalities, and for the detection of myocardial ischemia. The EKG is also of great value in the evaluation of other types of cardiac abnormalities including valvular heart disease, cardiomyopathy, pericarditis, and hypertensive disease. Finally, the EKG can be used to monitor drug treatment (specifically antiarrhythmic therapy) and to detect metabolic disturbances. In this case the patient is not experiencing symptoms of myocardial ischemia or rhythm disturbance. There is no indication for EKG. The request should not be authorized.

1 Pulmonary Function Testing (PRE AND POST): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Function Testing (PFT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Overview of pulmonary function testing in adults

Decision rationale: Pulmonary function testing is useful for evaluation of a variety of forms of lung disease or for assessing the presence of disease in a patient with known risk factors, such as smoking. Other indications for pulmonary function tests includeevaluation of symptoms such as chronic persistent cough, wheezing, dyspnea, and exertional cough or chest pain, objective assessment of bronchodilator therapy, evaluation of effects of exposure to dusts or chemicals at work, risk evaluation of patients prior to thoracic or upper abdominal surgery, and objective assessment of impairment or disability. In this case the patient had no signs or symptoms of pulmonary disease and no changed in her condition since the exposure. In addition prior pulmonary function testing done since the exposure was negative. Medical necessity has not been established. The request should not be authorized.

1 Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, X-rays, Radiograph

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

Decision rationale: Chest x-ray is recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as shortness of breath, bad or persistent cough, or chest pain or injury and fever. In this case the patient had no objective findings of acute cardiopulmonary disease. In addition prior chest x-ray done since the exposure was negative. Medical necessity has not been established. The request should not be authorized.

1 allergy mold profile including stachybotry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Allergy, Stachybotry

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpTODate: The role of fungi (molds) in human disease

Decision rationale: The ingestion of mycotoxins can cause disease, as previously discussed. In contrast, illness resulting from the inhalation of mycotoxins has not been demonstrated. Mycotoxins are relatively large molecules, are not significantly volatile, and usually will not evaporate or "off-gas" into the environment. Much attention on the health effects of indoor mold exposure has focused on the fungus Stachybotrys chartarum (also known as Stachybotrys atra or Stachybotrys alternans). S. chartarum is a fungus that is found worldwide. It has a high moisture requirement and grows optimally at a relative humidity of 93 percent. S. chartarum spores are relatively sticky and not easily aerosolized; the fungus is difficult to culture as it does not grow well on standard media and does not compete well with other molds or bacteria. The role of IgE and immunoglobulin G (IgG) antibodies to Stachybotrys in allergic disease has not been fully defined. In this case the patient does not exhibit signs of inhalation exposure. Physical examination of chest is clear. Chest x-ray and pulmonary function testing are normal. Medical necessity for testing has not been established. The request should not be authorized.

1 Labs: ESR, respiratory allergy panel, urinalysis, TSH, CHP, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Rheumatoid arthritis: diagnosis, management and monitoring

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Approach to the patient with dyspnea

Decision rationale: The initial evaluation for a patient with chronic dyspnea following the history and physical examination typically includes measurement of hemoglobin concentration or hematocrit (to exclude anemia as a contributing factor to respiratory discomfort), blood glucose, urea nitrogen, creatinine, electrolytes, calcium, phosphorus, and thyroid stimulating hormone. In this case the CBC, ESR, respiratory allergen panel and TSH had already been done. There had been no changes in the patient's condition since the testing had occurred. Urinalysis and CHP are not indicated. The request should not be authorized.