

<b>Case Number:</b>	CM14-0178277		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 53 year old male who sustained an industrial injury on 04/13/11. The clinical note from 09/18/14 was reviewed. He used Advair for 2 months without any symptomatic change. Peak expiratory flow rate diary showed a range of 220-300. He had intermittent productive cough and a number of other somatic complaints relating to energy, ambulation and daily headache. He had cough, nausea, headaches. He was anxious and depressed. His respiratory rate was 18 BPM and his SpO2 was 97%. His lung examination was clear. The CT scan of chest showed no interstitial changes or emphysema. Assessment included airflow obstruction with accelerated decline over time, still unclear if airway hyper-responsiveness. He had been exposed to a variety of inorganic materials, in particular metal dust and fume. Plan included trial of Spiriva, full PFTs and methacholine challenge test. His spirometry showed an FEV1 of 84% and there was no significant change in FEV1 after bronchodilator. Spirometry from workplace documented an accelerated loss of FEV1 from 102 in 1995 to 71 in April 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metacholine Challenge Test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary (updated 07/29/14) Pulmonary function testing, <http://www.ncbi.nlm.nih.gov/pubmed/22465214>

**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: WWW.UPTODATE.COM, Bronchoprovocation testing, Ervin et al

**Decision rationale:** The employee was a 53 year old male who sustained an industrial injury on 04/13/11. The clinical note from 09/18/14 was reviewed. He used Advair for 2 months without any symptomatic change. Peak expiratory flow rate diary showed a range of 220-300. He had intermittent productive cough and a number of other somatic complaints relating to energy, ambulation and daily headache. He had cough, nausea, headaches. He was anxious and depressed. His respiratory rate was 18 BPM and his SpO2 was 97%. His lung examination was clear. The CT scan of chest showed no interstitial changes or emphysema. Assessment included airflow obstruction with accelerated decline over time, still unclear if airway hyper-responsiveness. He had been exposed to a variety of inorganic materials, in particular metal dust and fume. Plan included trial of Spiriva, full PFTs and methacholine challenge test. His spirometry showed an FEV1 of 84% and there was no significant change in FEV1 after bronchodilator. Spirometry from workplace documented an accelerated loss of FEV1 from 102 in 1995 to 71 in April 2013. According to the article cited above, Methocholine test is a bronchoprovocative test that is used to diagnose asthma and in patients suspected of having occupational asthma. The employee had normal lung examination, but had ongoing coughing. The spirometry failed to show any improvement after bronchodilator use. The provider is requesting Methacholine challenge test to see if there is underlying airway hyper-responsiveness. The request for methacholine challenge test is medically necessary and appropriate.