

Case Number:	CM14-0092444		
Date Assigned:	08/06/2014	Date of Injury:	06/30/2000
Decision Date:	10/08/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/18/2014

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, has a subspecialty in Pulmonary Diseases 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 71-year-old male who reported an injury on 06/30/2000 due to falling from a chimney onto a rooftop. The injured worker complained of advanced pulmonary disease secondary to his exposure to cresol and weakness, fatigue, increased wheezing, and heaviness in his legs. The injured worker had a diagnoses of severe steroid dependent obstructive lung disease secondary to exposure at work, steroid related complications, including osteopenia, hyperglycemia, gastroesophageal reflux disorder, coronary artery disease, valvular heart disease with episodes of congestive heart failure, discogenic disease of the dorsal spine, and hyperlipidemia. The prior treatments included blood work that consisted of a complete blood count, a chem panel, brain natriuretic peptide, sputum culture, urinalysis with mirco, spirometric lung function test. The objective findings dated 07/29/2014 revealed blood pressure 130/80, respirations 18, pulse 80, and temperature 97.3. The lungs rales and expiratory wheezing, midline scar secondary to previous coronary artery bypass surgery to the chest, a 2/6 grade systolic murmur, 1 to 2+ edema with arterial oxygen sat 95% at room air. The medications included Cozaar, Levaquin, Lasix, Advair, Mucinex, Singulair, baby aspirin, Proair, prednisone, Flector patch, Spiriva, Norvasc, and Lipitor and vitamin D. The treatment plan included endocrinologist, antibiotics, sputum culture, EKG, a urinalysis with mirco, complete blood count, chem panel, and a brain natriuretic peptide. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 750mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Levofloxacin (Levaquin®)

Decision rationale: The California MTUS/ACOEM did not address. The Official Disability Guidelines indicate that Levaquin is recommended as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The clinical notes dated 07/29/2014 revealed normal vital signs with a temperature of 97.3 which is within normal limits. The injured worker had some rales, expiratory wheezing; however, there were no other signs and symptoms that an infection was present. The request did not indicate the frequency or route. The request for Levaquin 750 mg #20 is not medically necessary.

Sputum Culture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Lower Respiratory Infections, Infectious Diseases

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: labtestsonline.org

Decision rationale: The California MTUS/ACOEM or Official Disability Guidelines do not address this request. Therefore, refer to labtestsonline.org. To detect and identify the cause of bacterial pneumonia or some other lower respiratory tract infections; to monitor the efficacy of treatment. The clinical note dated 07/29/2014 did not indicate that the injured worker had a lower respiratory tract infection. The request for Sputum Culture is not medically necessary.

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-Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease

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: WebMD.com

Decision rationale: The California MTUS/ACOEM or the Official Disability Guidelines did not address this request. Therefore, refer to webmd.com. You may receive an EKG as part of a

physical examination at your health professional's office or during a series of tests at a hospital or clinic. EKG equipment is often portable, so the test can be done almost anywhere. If you are in the hospital, your heart may be continuously monitored by an EKG system; this process is called telemetry. The injured worker had a prior CABG. However, the clinical notes dated 07/29/2014 did not indicate that the injured worker was in any distress that would warrant an EKG. The request for EKG is not medically necessary.

Urinalysis with micro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Lower Respiratory Infections: pneumonia, Infectious Diseases

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: MEDSTAT.com

Decision rationale: The California MTUS/ACOEM or the Official Disability Guidelines do not address this request. Therefore, refer to medstat.com that indicates a urine test checks different components of urine, a waste product made by the kidneys. A regular urine test may be done to help find the cause of symptoms. The test can give information about your health and problems you may have. The kidneys take out waste material, minerals, fluids, and other substances from the blood to be passed in the urine. Urine has hundreds of different body wastes. What you eat, drink, how much you exercise, and how well your kidneys work can affect what is in your urine. The clinical notes indicate that on 03/19/2014 the injured worker had a random urine drug screen. No abnormal values found. The request for a Urinalysis with Mirco is not medically necessary.

Complete Blood Count (CBC) with differential: Upheld

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

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: labtestsonline.org

Decision rationale: The California MTUS/ACOEM or the Official Disability Guidelines do not address this request. Therefore, refer to labtestsonline.org that indicated to determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer. The clinical note did not indicate that the injured worker had a sign of infection or anemia even though he has a history, inflammation, bleeding disorder, or cancer. The injured worker's vital signs were within normal limits. The injured worker had a prior CBC dated

03/19/2014 that did not indicate an infection. The request for a complete blood count (CBC) with differential is not medically necessary.

Chem Panel: Upheld

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

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: labtestsonline.org

Decision rationale: The California MTUS/ACOEM or the Official Disability Guidelines do not address this request. Therefore, please refer to the labtestsonline.org that indicates chemistry panels are groups of tests that are routinely ordered to determine a person's general health status. They help evaluate the body's electrolyte balance and/or the status of several major body organs. The tests are performed on a blood sample, usually drawn from a vein in the arm. The injured worker had labs done in 03/2014. The 07/29/2014 clinical notes do not indicate or warrant additional testing. The request for a Chem Panel is not medically necessary.

Brain Natriuretic Peptide (BNP): Upheld

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

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: labtestsonline.org

Decision rationale: The California MTUS/ACOEM or the Official Disability Guidelines does not address. Refer to the labtestsonline.org that indicates to help detect, diagnose, and evaluate the severity of congestive heart failure (CHF). The injured worker had a history of CHF; however, the clinical notes dated 07/29/2014 revealed normal vital signs, no indication of congestive heart failure. The injured worker's peripheral edema had decreased from a 3+ to a 1 to 2+. The request for Brain Natriuretic Peptide BNP is not medically necessary.