

<b>Case Number:</b>	CM15-0113325		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/12/2004
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male, with a reported date of injury of 09/12/2004. The diagnoses include chest discomfort, history of asthma, obstructive sleep apnea disorder, and marked obesity with recent weight gain. Treatments to date have included chest x-rays on 12/09/2014, which showed chronic changes of the thorax; oral medications; and lung function testing on 05/11/2015 which showed reduced flow rates. The consultation report dated 05/11/2015 indicates that the injured worker had a history of asthma and obstructive sleep apnea disorder. He reported some right chest discomfort and fatigue. The physical examination showed a regular respiratory rate and unlabored breathing, no wheezing, distended abdomen from obesity, an elevated blood pressure reading, and an arterial oxygen saturation of 95% at rest. The treating physician requested chest x-rays and a complete lung function test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chest x-ray 2 views Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Impact of Clinical History on Chest Radiograph Interpretation Matthew Test, BS; Samir S. Shah, MD, MSCE; Michael Monuteaux, ScD; Lilliam

Ambroggio PhD; Edward Y. Lee, MD MPH; Richard I. Markowitz MD; Sarah Bixby, MD; Stephanie Diperna, MD; Sabah Servaes, MD; Jeffrey C. Hillinger, MD; Mark I. Neuman, MD, MPH Journal of Hospital Medicine 2013; 8(7) 359-364.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pulmonary Chapter, X-ray.

**Decision rationale:** The patient presents with lower back pain radiating to buttocks and bilateral lower extremities rated 6/10 with and 8/10 without medications. And multiple medical problems including pansinus disease, hypertension, asthma, obesity and obstructive sleep apnea disorder. The request is for CHEST X-RAY 2 VIEWS QTY: 1.00. The request for authorization is dated 05/22/15. X-ray of the chest, 12/09/14, shows no evidence of acute cardiopulmonary disease; the cardiomeastinal structures are significant for mildly ectatic thoracic aorta; the thoracic bony cage is intact, however, note is made of dextroscoliosis, osteopenia and anterior ligamentous ossification at multilevel suggestive of underlying DISH. The patient notes good relief in pain with chiropractic therapy. Recommend the patient continue with the H-wave unit as it has been beneficial. Patient's medications include Vicodin, Mucinex, HydroDIURIL, Claritin, Dulera, Albuterol and Nasonex. Per progress report dated 05/11/15, the patient is retired. ODG Pulmonary Chapter, X-ray, has the following, "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. a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006)" Treater does not discuss the request. In this case, the patient is diagnosed with chest discomfort, history of asthma and obstructive sleep apnea disorder. ODG guidelines recommend X-rays for acute cardiopulmonary findings, however, this patient has chronic symptoms and is under the age of 65. Review of medical records indicate the patient previously had a Chest X-ray on 12/09/14, but the treater does not explain why an updated X-ray is needed. Furthermore, ODG guidelines do not support the use of routine Chest X-rays. Therefore, the request IS NOT medically necessary.

**Complete lung function test Qty: 1.00: Overtured**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary Function testing, Kevin McCarthy RPFT; Chef Editor: Ryland P Byrd Jr, MD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pulmonary (Acute & Chronic) Chapter, under Pulmonary Function Testing.

**Decision rationale:** The patient presents with lower back pain radiating to buttocks and bilateral lower extremities rated 6/10 with and 8/10 without medications. And multiple medical problems including pansinus disease, hypertension, asthma, obesity and obstructive sleep apnea disorder. The request is for COMPLETE LUNG FUNCTION TEST QTY: 1.00. The request for authorization is dated 05/22/15. X-ray of the chest, 12/09/14, shows no evidence of acute

cardiopulmonary disease; the cardiomediastinal structures are significant for mildly ectatic thoracic aorta; the thoracic bony cage is intact, however, note is made of dextroscoliosis, osteopenia and anterior ligamentous ossification at multilevel suggestive of underlying DISH. The patient notes good relief in pain with chiropractic therapy. Recommend the patient continue with the H-wave unit as it has been beneficial. Patient's medications include Vicodin, Mucinex, HydroDIURIL, Claritin, Dulera, Albuterol and Nasonex. Per progress report dated 05/11/15, the patient is retired. ODG-TWC, Pulmonary (Acute & Chronic) Chapter, under Pulmonary Function Testing, "Recommended as indicated. Separated into simple spirometry and complete pulmonary function testing. The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Recommended in asthma. In other lung diseases, it can be used to determine the diagnosis 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 and management of chronic lung diseases." Treater does not discuss the request. The patient is diagnosed with chest discomfort, history of asthma and obstructive sleep apnea disorder. ODG guidelines recommend Pulmonary Function Testing (PFT) for patient with asthma. In this case, the patient previously had multiple simple spirometry testings, with the last on 11/10/14. Review of provided medical records indicate a Complete PFT has not been done. ODG guidelines recommend a Complete PFT for patient with asthma and for management of chronic lung disease. Therefore, the request IS medically necessary.