

<b>Case Number:</b>	CM15-0113734		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 36-year-old male who sustained an industrial injury on 8-21-12. Progress report dated 4-24-15 reports chest pain and shortness of breath. He has a history of chest pain with inhalation, anxiety, restlessness and headaches. He has sensitive airways and chronic cough. No wheezing noted on respiratory exam. He also has pending foot surgery due to plantar fasciitis. Diagnoses include: unspecified chronic bronchitis. Plan of care includes: refill ProAir inhaler and qualified medical evaluation is scheduled for 5-15-15. Work status was not noted. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the chest:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Acute & Chronic, Diagnostic Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a Chest CT for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that a Chest CT is indicated if the patient has red flags concerning for malignancy or has failed empiric therapy for GERD, Non-asthmatic eosinophilic bronchitis (NAEB) and asthma/Upper Airway Cough Syndrome (UACS). This patient is 36 years of age and has pre-existing diagnoses of chronic cough, anxiety and headaches. He is documented to have chest pain only associated with inhalation. The medical records reflect that he has not been evaluated or failed empiric treatment for conditions, which can result in a chronic cough. Therefore, based on the submitted medical documentation, the request for Chest CT is not-medically necessary.

**Chest x-ray:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Acute & Chronic, Diagnostic Imaging.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a chest x-ray for this patient. The clinical records submitted do support the fact that this patient has been documented to have signs or symptoms of chronic bronchitis requiring radiographic imaging. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), a chest x-ray is "Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65)." This patient has been documented to have anxiety and chronic cough on physical exam. The medical records indicate that uses an inhaler with good result. He does have a history of inhalational industrial exposure. Therefore, based on the submitted medical documentation, the request for chest x-ray is medically necessary.

**Labs: CBC, SMA-19, Sed rate with venipuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CBC, SMA 19 and ESR testing with venipuncture for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons

for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities or abnormal liver function, which would indicate the necessity for a SMA-19 test. Therefore, based on the submitted medical documentation, the request for CBC, SMA 19 and ESR testing with venipuncture is not-medically necessary.

**ECG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain, Preoperative cardiac evaluation & Diabetes, Hypertension.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of and ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states that "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient is young at 36 years of age. He has no documented cardiac risk factors, and has pre-existing diagnoses of chronic cough, anxiety and headaches. His chest pain is only associated with inhalation. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not-medically necessary.

**Glucose Reagent strip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Should blood glucose strips be used in type 2 diabetes Meetoo DD, Wong L. Br J Nurs. 2015 Apr 9-22; 24(7): 362.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of glucose reagent strips for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic. Glucose reagent strips are defined as "a strip of impregnated with a reagent to a given substance, used in testing for that substance in a body fluid or other secretion." However, this patient does not have any documented history of diabetes. The patient's clinical records are unclear why he would require glucose reagent strips. Therefore, based on the submitted medical documentation, the request for glucose reagent strips is not-medically necessary.

**Allergy patch test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Allergy diagnostic testing: an updated practice parameter (2008) Joint Task Force (JTF) on Practice Parameters, American Academy of Allergy, Asthma & Immunology, the American College of Allergy, Asthma and Immunology and the Joint Council on Allergy, Asthma and Immunology  
<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/allergydiagnostictesting.pdf>.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a allergy testing for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic. The Joint Task Force (JTF) on Practice Parameters was formed in 1989 and is comprised of members from the American Academy of Allergy, Asthma & Immunology, the American College of Allergy, Asthma and Immunology and the Joint Council on Allergy, Asthma and Immunology. Current society guidelines propose that allergy testing is appropriate when "Prick/puncture tests are used to confirm clinical sensitivity induced by aeroallergens, foods, some drugs, and a few chemicals." Testing should not be used for broad panel allergens unless the patient has had a prior episode of anaphylaxis to an unknown substance. This patient has chest pain with inhalation. He is not described to have a prior episode of anaphylaxis and has not been demonstrated to have clinical sensitivity to any known substances that he has identified. Broad panel testing in his clinical scenario is not appropriate. Therefore, based on the submitted medical documentation, the request for allergy testing is not-medically necessary.

**Cardiac treadmill test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of cardiac treadmill testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of cardiac treadmill studies. The Occupational Disability Guidelines (ODG) states that Cardiac Treadmill testing is a type of cardiac stress test used to measure the heart's ability to respond to external stress in a controlled clinical environment. This test can be used to diagnose ischemic heart disease. Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care. Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral artery disease, or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure. The patient does have vague complaints of chest pain and shortness of breath. However, he is also 36 years of age, has no documented cardiac risk factors, and has pre-existing diagnoses of chronic cough, anxiety and headaches. His chest pain is only associated with inhalation. He also had no risk factors for ischemic cardiac changes. In this clinical situation, a treadmill stress test is not warranted. Therefore, based on the submitted medical documentation, the request for cardiac treadmill testing is not-medically necessary.

**Pulmonary treadmill test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Acute and Chronic, Pulmonary Function Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of complete pulmonary treadmill testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pulmonary treadmill testing. Per the Occupational Disability Guidelines (ODG), pulmonary function testing with or without treadmill is: "Recommended for the diagnosis and management of chronic lung diseases. Lastly, it is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient." This patient had a history of mild bronchitis with inhaler use but has not been diagnosed with restrictive lung disease. The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO) to incentive spirometry testing. This patient has no history of CO<sub>2</sub> retention or need for supplemental oxygen therapy. Physical exam most recently demonstrated no evidence of wheezes or dyspnea. Testing for anxiety and/or mild bronchitis is not indicated. Therefore, based on the submitted medical documentation, the request for pulmonary treadmill testing is not-medically necessary

**Bronchodilation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids & other medications Page(s): 123.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a bronchodilator prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and dose of specific medications." The bronchodilation prescription requested does not have a quantity, dose or dispensing instructions provided. Therefore, based on the submitted medical documentation, the request for bronchodilation is not medically necessary.

**NCV of bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of bilateral upper and lower nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma." This patient has clinical symptoms of plantar fasciitis. Per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is no documentation that this patient has failed conservative measures with splinting or injection therapy. Therefore, based on the submitted medical documentation, the request for upper and lower bilateral nerve conduction studies is not-medically necessary.