

Case Number:	CM14-0142915		
Date Assigned:	09/10/2014	Date of Injury:	12/09/2011
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family Medicine 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 27 yr. old male claimant sustained a work injury on 12/9/11 involving the low back and neck. He was diagnosed with cervical strain and left sacroiliac joint dysfunction. A progress note on 1/24/14 indicated the claimant had continued pain. Exam findings were notable for positive nerve root tension on the left side of the sciatic region. The lumbar spine had reduced range of motion. The treating physician recommended a L3-L5 rhizotomy. He had been on opioids for muscle relaxants for pain and muscles spasms. A progress note on 7/2/14 indicated the claimant had dyspnea, headaches and poor sleep equality. The cardiac and pulmonary exam was normal. Due to the symptoms a cardio-pulmonary testing was ordered along with an EKG, carotid ultrasound and an echocardiogram. The cardio-pulmonary testing included a pulmonary stress test, pulmonary function testing and assessment of autonomic dysfunction. The test was performed that day and showed a low sympathetic response consistent with possible autonomic dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardin-Respiratory Testing: 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 Chapter

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

Decision rationale: The MTUS guidelines do not comment on cardio-pulmonary testing. According to the ODG guidelines, pulmonary function testing is to be performed as indicated in cases including asthma, chemical exposure, etc. In this case, there was no indication of chronic lung disease. There was no indication of chemical exposure and the injury had been 3 years ago. His complaints over the prior years were related to the back. His recent cardiac and pulmonary exam was normal. There was no indication for cardio-pulmonary testing and it is not medically necessary.