MAXIMUS Federal Services

Case Number:	CM13-0002661		
Date Assigned:	12/11/2013	Date of Injury:	01/14/2005
Decision Date:	01/14/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 51-year-old female who reported a work-related injury on 01/14/2005, specific mechanism of injury not stated. The clinical note dated 10/02/2013 reports the patient was seen for a followup under the care of [redacted] for her chronic pain complaints. The patient presents for treatment of the following diagnoses, cervicalgia, low back pain, left shoulder pain, hypertension, opioid induced constipation, and epicondylitis to the left. The provider documents the patient presents with pain complaints rated at 7/10 to 8/10. The patient utilizes Baclofen, docusate, Effexor, ibuprofen, nortriptyline, omeprazole, and oxycodone. The provider documents the patient reports difficulty with walking, sitting and standing. The provider documents cervical spine exam revealed pain to palpation over the C2-3, C3-4, and C4-5 facet capsules secondary to myofascial pain with triggering pain with rotational extension indicative of facet capsular tears. Lumbosacral exam revealed positive pelvic thrust to the left and positive Fabere maneuver.

IMR ISSUES, DECISIONS AND RATIONALES

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

comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Abnormal Liver Chemistry- evaluation and interpretation" by the British Columbia Medical Services Commission; 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The current request previously received an adverse determination due to documentation indicating monitoring of the patient's liver and kidney function was essential due to the patient's chronic medication rehabilitation. However, the clinical notes failed to evidence when the patient last underwent these diagnostic studies and the results of those studies. The patient presents with a date of injury from 2005. The request for a comprehensive metabolic panel is not medically necessary and appropriate.

glycated hemoglobin test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of diabetes: A national clinical guideline" from the Scottish Intercollegiate Guidelines Network..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The current request previously received an adverse determination due to documentation indicating monitoring of the patient's liver and kidney function was essential due to the patient's chronic medication rehabilitation. However, the clinical notes failed to evidence when the patient last underwent these diagnostic studies and the results of those studies. The patient presents with a date of injury from 2005. The request for a glycated hemoglobin test is not medically necessary and appropriate.