

Case Number:	CM13-0025900		
Date Assigned:	11/20/2013	Date of Injury:	10/29/2008
Decision Date:	02/25/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 and is licensed to practice in New York. 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 claimant sustained a work injury on 10/29/2008. The mechanism of injury was not provided. The diagnoses include cervicalgia, brachial neuritis, myositis, headache, thoracic strain and sprain, cervical post laminectomy syndrome, mood disorder and insomnia. On exam she complains of severe neck and upper back pain, and bilateral knee and ankle pain. The pain is described as deep, discomforting, piercing and stabbing. Pain is rated as 9/10 without medications. She is maintained on medical therapy for pain control which includes, Naprosyn, Norco, Gabapentin, Trazadone, Fiorinal, Xanax, Abilify, Ambien and Wellbutrin. The treating provider has requested laboratory studies including a GGTP, TSH, and E1A9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: GGTP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis page 1104

Decision rationale: The documentaiton indicates the claimant has been maintained on multiple medications for pain control. It is reasonable to obtain a comprehensive metabolic profile to assess renal and hepatic function. There is no documentation of any physical examination abnormalities provided that warrants specific liver function studies in addition to those include in the comprehensive metabolic profile.

Labs: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis page 1104

Decision rationale: There is no documentation of any physical exam findings consistent with thyroid dysfunction. Medical necessity for thyroid testing has not been established

Labs: E1A9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2013 Current Medical Diagnosis and Treatment - Stephen McPhee/ Maxine A. Papadakis page 1104

Decision rationale: The claimant has complaints of pain in the knees and feet but has no specific documented symptoms directly related to the liver that would support the request for E1A9. There is no documentation of any physical examination abnormalities provided that warrants specific liver function studies in addition to those include in the comprehensive metabolic profile. Medical necessity for the requested service has not been established. The requested service is not medically necessary.