

Case Number:	CM13-0027400		
Date Assigned:	06/06/2014	Date of Injury:	10/05/2008
Decision Date:	07/25/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/20/2013

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 Practice and is licensed to practice in Texas and Georgia. 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 injured worker is a 60-year-old female who reported an injury on 10/05/2008. The mechanism of injury was listed as fall. Within the clinical visit on 07/12/2013, it was noted to reveal the injured worker complained of low back pain that radiated into her bilateral lower extremities. The injured worker also noted an increase in the number of migraine headaches. She was experiencing an increase in reported migraines and was unable to utilize Topamax due to adverse effects. The physical exam of the cervical spine and the lumbar spine revealed a decreased range of motion with tenderness to palpation and muscle spasms. It was also noted during the physical exam of the knee, the left knee had a healed scar with a decreased range of motion in the right knee. The neurological exam revealed the injured worker had 1+ reflexes of the right knee and 1+ reflexes with the ankles. Motor strength was listed as 5/5 and symmetrical with leg flexion and extension, hip flexion and foot dorsiflexion and plantarflexion. It was noted that sensation was slightly decreased in the bilateral L5 distributions with a positive straight leg raise test. The listed diagnoses include migraine headaches, lumbar degenerative disc disease with lumbar radiculopathy, cervicalgia with cervical spondylosis, cervical neuralgia, myospasms and myofascial trigger points, internal derangement of the right shoulder, internal derangement of the right knee, internal derangement of the right ankle, status post total knee replacement of the left knee, and chronic pain secondary to trauma. The treatment plan included obtaining a bilateral TESI at L5-S1, continuation of Botox injections due to increased frequency of migraines, continuation of a home exercise program as tolerated, medication management through her primary treating physician, and continuation of followup with her internist. The request for authorization and rationale for the request was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT THYROID FUNCTION TEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: The California MTUS Guidelines do not specifically address thyroid function tests and secondary guidelines were sought. The Official Disability Guidelines recommend that through the utilization of antiepileptic drugs, specifically carbamazepine, states there should be monitoring parameters to include CBC of platelet count, lipid panel, liver function test, urinalysis, PUN, serum creatinine levels, liver function test, serum sodium. Within the submitted documentation, the most recent medical assessment was done in 07/2013 with no documentation of the medication list at that time. Without further documentation to have a recent medication list, a recent medical exam, and a rationale to show medical necessity of the request, the request at this time is not supported by the guidelines.