

Case Number:	CM13-0041437		
Date Assigned:	12/20/2013	Date of Injury:	04/15/2002
Decision Date:	03/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 66-year-old female who has worked as a psych technician/radiological technician with [REDACTED] since October 1989. Her job duties require assisting in transfers. She does bending, stooping, pushing, pulling and provides assistance in activities of daily living. In 1995, the patient hit her head on a shelf as she was transferring a client from wheelchair to bed. She developed neck pain and tension. She was treated at an employee health clinic and received physical therapy. On May 11, 2000, while lifting a client the patient experienced low back pain. She received chiropractic treatment and the symptoms slightly improved, but the symptoms did not resolve. The patient was felt to be permanent and stationary on January 3, 2001, but then she suffered increased low back pain after another work-related incident on May 3, 2001 while repositioning a patient. She received chiropractic treatment and her low back pain worsened. On April 15, 2002, the patient developed increased neck and right upper extremity symptoms during work activities, which she received chiropractic treatment for without improvement in symptoms. An MRI of the cervical spine showed a central disc protrusion at C4-5 with central spinal stenosis and cord compression, a C5-6 left paracentral disc protrusion with central spinal canal stenosis and cord compression, a C5-6 mild annular disc bulge and osteophytic ridging with mild central spinal stenosis. On August 6, 2003, the patient underwent excision of C4-5, C5-6 and C6-7 anterior cervical discs, interbody fusion at C4-5, C5-6 and C6-7, with internal fixation and anterior cervical locking plates. On September 14, 2004, an MRI showed right disc protrusion at L3-4 without nerve root compression that contributes to mild central canal stenosis. At L4-5 there is diffuse disc ridge and bulge that is asymmetric to the left with superimposed central disc protrusion that produces mild flattening along the central and left side of the thecal sac and left L5 nerve sleeve. This material also causes moderate left sided neural foraminal stenosis. The patient was reevaluated and showed worsening symptoms

that lead to another EMG/NCV of the bilateral lower extremities, which showed chronic left L5 radiculopathy. A repeat MRI of the lumbar spine showed moderate to severe degenerative disc disease throughout the lumbar spine and moderate to severe lower lumbar spine facet arthropathy, greatest at L4-5, associated severe L4-5 and moderate to severe L3-4 central spinal stenosis, multilevel neural foraminal stenosis, more severe to the left at L4-5, L5-S1, and levoscoliosis of the lumbar spine. The patient still complains of constant neck pain and a burning sensation in the distal radial aspect of the right forearm. She receives chiropractic treatment on a monthly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) urinalysis: Overturned

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 Page(s): 77, 85.

Decision rationale: With respect to one (1) Urinalysis, the guidelines recommends as one of the steps to avoid opioid misuse/addiction, frequent random urine toxicology screens. Since this patient has a history of long-term opioid usage, the request for urinalysis is medically necessary.

one (1) Thyroid Stimulating Hormone (TSH) lab: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2-3.

Decision rationale: According to the California MTUS guidelines many musculoskeletal, psychological, and other problems often are caused by several work- and non-work-related factors in varying combinations. Since this patient does not have any clinical signs of hypothyroidism the request for one (1) Thyroid Stimulating Hormone (TSH) lab is not medically necessary.

one (1) complete blood count (CBC) with differential: Overturned

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 NSAID use Page(s): 70.

Decision rationale: The California MTUS guidelines recommend periodic laboratory monitoring of liver and kidney function, as well as a complete blood count for patients on NSAID therapy. Therefore the request for one (1) CBC with differential is medically necessary.

one (1) Chem 19: Overturned

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 NSAID use Page(s): 70.

Decision rationale: The California MTUS guidelines recommend periodic laboratory monitoring of a Chemistry profile (including liver and kidney function), as well as a complete blood count for patients on NSAID therapy. Therefore the request for one (1) Chem 19 is medically necessary.