MAXIMUS Federal Services

Case Number:	CM13-0041558		
Date Assigned:	12/27/2013	Date of Injury:	03/23/2013
Decision Date:	03/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40-year-old female who reported an injury on 03/23/2013. The mechanism of injury was noted to be an assault that resulted in the patient stumbling and losing her balance. There was a lack of clinical information submitted to support the requests. The patient's diagnosis was noted to be depressive disorder, not elsewhere classified, and the request was made per the application of independent medical review for lab tests such as CBC, CMP, and TSH, as well as a urine toxicology screen, a dental consult, and a dermatology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab tests such as complete blood count (CBC), comprehensive metabolic panel (CMP), thyroid - stimulating hormone (TSH): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure; and Lab Tests Online http://labtestsonline.org.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and

chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The doctor may order a TSH test when someone has symptoms of hyperthyroidism or hypothyroidism and/or when a person has an enlarged thyroid gland. There was a lack of clinical information submitted to support the requests. Given the above, the request for lab tests such as complete blood count (CBC), comprehensive metabolic panel (CMP), and thyroid-stimulating hormone (TSH) are not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure; and Lab Tests Online http://labtestsonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. There was a lack of clinical information submitted to support the requests and there was a lack of documentation indicating the medications the patient was utilizing. Given the above, the request for urine toxicology screen is not medically necessary.

Dental consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment; Official Disability Guidelines (ODG)-TWC Pain Procedure; and Lab Tests Online http://labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Page 163.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There was a lack of documentation submitted with the request to support a dental consult. Given the above, the request for a dental consult is not medically necessary.

Dermatology consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure; and Lab Tests Online http://labtestsonline.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Page 163

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There was a lack of documentation submitted with the request to support a dermatology consult. Given the above, the request for a dermatology consult is not medically necessary.