

Case Number:	CM13-0049439		
Date Assigned:	04/07/2014	Date of Injury:	03/06/2001
Decision Date:	05/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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 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 applicant is an [REDACTED] employee who has filed a claim for myalgias, myositis, chronic pain syndrome, fibromyalgia reportedly associated with cumulative trauma at work first claimed on March 6, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; antidepressants; and transfer of care to and from various providers in various specialties. On September 30, 2013, the applicant was described as having chronic pain syndrome, fibromyalgia, and diabetic neuropathic pain about the lower extremities. The applicant was status post an epidural steroid injection and was considering using a spinal cord stimulator. A clinical progress note dated December 11, 2013 stated that the applicant was having multifocal neck and shoulder pain with associated headaches. The applicant states that her medications are effective; Norco and Ativan were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A COMPLETE BLOOD COUNT WITH DIFFERENTIAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov; and WebMD

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208..

Decision rationale: According to the California MTUS-adopted ACOEM Practice Guidelines the erythrocyte sedimentation rate (ESR), complete blood count, and testing for autoimmune diseases such as rheumatoid factor can be useful to screen for inflammatory or autoimmune source to the joint pain. In this case, the applicant does in fact have multifocal pain complaints including the shoulder and neck, reportedly imputed to fibromyalgia. Performing a CBC can be used to screen for the presence or absence of any underlying rheumatologic disease process, as suggested by ACOEM Practice Guidelines. Therefore, the request is medically necessary and appropriate.

A LIVER AND RENAL PANEL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation - www.nlm.nih.gov; and WebMD

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, suggested routine monitoring, in applicants using NSAIDs chronically, includes CBC, renal function testing, and hepatic function testing. In this case, while the applicant does not appear to be using NSAIDs, the applicant is using a variety of other analgesic and psychotropic medications, including Norco and Ativan. By analogy, this, coupled with the applicant's history of diabetes does suggest that the attending provider should perform renal and hepatic function testing to ensure that the applicant's present level of renal and hepatic function are consistent with prescribed medications. Therefore, the request is medically necessary and appropriate.

A HEMOGLOBIN A1C TEST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation - www.nlm.nih.gov; and WebMD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE, TYPE 2 DIABETES MELLITUS: MANAGING HEMOGLOBIN A1C AND BEYOND

Decision rationale: The California MTUS Guidelines do not address the topic. According to Medscape comprehensive glycemic control, as demonstrated by desirable hemoglobin A1C levels, is imperative for managing individuals with diabetes mellitus. In this case, the applicant apparently has newly diagnosed diabetes mellitus. Obtaining a hemoglobin A1C, as suggested by Medscape, is imperative. Therefore, the request is medically necessary and appropriate.

A T3, T4, AND TSH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov; and WebMD.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 15 Stress Related Conditions Page(s): 15 , 269.

Decision rationale: In this case, the applicant has multifocal pain complaints and mental health complaints. According to the California MTUS-adopted ACOEM Practice Guidelines, testing for the presence of comorbid conditions is indicated in applicants who have pain complaints of an unclear etiology and/or have superimposed mental health issues. In this case, the applicant has both pain complaints of unknown etiology and superimposed mental health issues. Thyroid function testing is indicated. Therefore, the request is medically necessary and appropriate.