

Case Number:	CM13-0063204		
Date Assigned:	12/30/2013	Date of Injury:	10/02/1991
Decision Date:	03/31/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, epilepsy, hydrocephalus, and fever of unknown origin reportedly associated with an industrial injury of October 2, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; testosterone supplementation; transfer of care to and from various providers in various specialties; attorney representation; and anticonvulsant medications. In a utilization review report of December 2, 2013, the claims administrator denied a request for whole body bone scan, denied a request for a referral to Infectious Disease, and denied a request for sensory neuropathy antibody panel citing lack of supporting documentation. A clinical progress note of September 12, 2013, is notable for comments that the applicant has not had any recent seizures. The applicant apparently sustained traumatic brain injury with secondary epilepsy. The applicant also developed hydrocephalus and had to have a ventriculoperitoneal shunt placed. The applicant is presently on Lamictal, AndroGel, vitamins, and aspirin. The applicant exhibits normal shunt testing. The applicant is able to walk on his toes and heels. The applicant has normal heel-to-shin testing. The applicant exhibits very slight intention tremors. The applicant presents with normal cranial nerve testing. Sensorium is intact. An ambulatory EEG is negative for any seizures. The applicant is described as having fever of unknown origin, although the applicant's temperature was not measured on this visit. Other diagnoses include leukopenia, controlled epilepsy, and hydrocephalus. The applicant has had negative hepatitis and HIV screen. The applicant was asked to follow up on an as-needed basis or in six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHOLE BODY SCAN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269 209. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: No clear rationale for the study in question has been provided. While the MTUS Guideline in ACOEM Chapter 9, Table 9-5 does indicate that bone scanning is "a 4 out of 4 in its ability to identify and define a suspected tumor," in this case, however, it is not clearly stated what precisely is suspected here and/or why the bone scanning is being sought. The most recent progress note seemingly suggests that the employee is doing well, is not having any recurrent seizures, and has a normal neurologic exam. The employee's temperature was not measured on any recent progress note provided. The employee was reportedly neurologically stable and seemingly capable of driving. Similarly, the MTUS Guideline in ACOEM Chapter 11, Table 11-6 likewise indicates that bone scanning is "a 4 out of 4 in its ability to identify and define suspected infection." In this case, however, the employee's temperature has not been measured on any recent office visit. There is no clear evidence that the employee is in fact having any temperature spikes. There is no clinical suspicion of infection voiced on the most recent office visit. There is no clear evidence of any infection or tumor for which whole body bone scanning would be indicated or appropriate. Therefore, the request is not certified, on independent medical review.

REFERRAL TO INFECTIOUS DISEASE: Upheld

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 Page(s): 1.

Decision rationale: While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does support speciality referral in applicants who do not respond to conservative management, in this case, however, the employee did ultimately respond favorably to conservative management with time, medications, anticonvulsants, and observation. On September 12, 2013, the attending provider wrote that there were no fevers, chills, night sweats which could not be explained. The employee was reportedly neurologically stable. The employee's temperature was not measured on the office visit in question. The employee was reportedly HIV negative. The employee did not have any clearly voiced suspicion of any infectious disease process which would warrant referral to an infectious disease specialist. Accordingly, the request is not certified, on independent medical review.

(RETRO) SENSORY NEUROPATHY ANTIBODY PANEL, STONE RISK PROFILE, PLASMA AMMONIA, URINE CAFFEINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibody Panels in Idiopathic Polyneuropathy and Motor Neuron Disease, Wolfe et al.; 2) Mosby's Manual of Diagnostic and Laboratory Tests, Kathleen Pagana, 5th Edition, pg. 59; 3) American College of Sports Medicine (ACSM) Current Commentary, Caffeine and Exercise

Decision rationale: The MTUS does not address the topic. As noted in the antibody panel in idiopathic polyneuropathy article, data on file does not support the usage of commercial antibody panels in the evaluation of applicants with idiopathic polyneuropathy. The antibody panel was reportedly positive in less than 10% of individuals with idiopathic sensorimotor polyneuropathy. Given the low diagnostic yield, this portion of the test is retrospectively not certified. The proposed stone risk profile testing is also not medically necessary, medically appropriate, or indicated here. Again, the MTUS does not address the topic of stone risk profile testing. While The Clinical Management of Urolithiasis textbook does state that a 24-hour urine collection for a stone risk profile is indicated for repeat stone formers, in this case, however, there is no clear statement that the applicant has a history of kidney stones, nephrolithiasis, ureterolithiasis, stated that there is no evidence that the applicant has had repeat issues with recurrent stones. Therefore, this request is likewise not certified. The proposed plasma ammonia testing is also not medically necessary, medically appropriate, or indicated here. Again, the MTUS does not address the topic. As noted in Mosby's Manual of Diagnostic and Laboratory Tests, ammonia is used to support the diagnosis of severe liver disease such as fulminant hepatitis or cirrhosis and for surveillance of those diseases. Ammonia levels can also be used to diagnose and follow up on suspected hepatic encephalopathy. In this case, however, no clear rationale for the diagnostic testing in question was proffered. It is not clearly stated why this particular test was needed. There was no clearly voiced suspicion of hepatic encephalopathy, hepatic cirrhosis, cirrhosis, etc., for which a serum ammonia level would have been indicated. Therefore, the request is likewise not certified. The proposed urine caffeine test is also not medically necessary, medically appropriate, or indicated here. As with the other diagnostic testing, no clear indications for the urinary caffeine level was provided by the attending provider. Again, the MTUS does not address the topic. While the American College of Sports Medicine (ACSM) does note that urinary caffeine testing can be employed in athletes to detect excessive amounts of caffeine consumption prior to competition, in this case, however, it is not clearly stated why the urinary caffeine testing in question was performed. For all of these stated reasons, then, the request is not certified, on independent medical review