

Case Number:	CM13-0064307		
Date Assigned:	01/03/2014	Date of Injury:	07/27/2007
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, and Pain Management and is licensed to practice in Florida. 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 patient is a 51-year-old male who reported an injury on 07/27/2007 during an explosion that caused facial trauma and a fall that reportedly caused injury to the patient's neck, chest, bilateral hands and abdomen. The patient developed chronic pain and posttraumatic stress disorder that was managed with medications. The patient's most recent clinical evaluation submitted for review was dated 05/07/2013. It was documented that the patient's condition had not improved. Objective findings included restricted range of motion of the cervical, thoracic and lumbar spines. It was also noted that the patient had decreased range of motion of the left knee and ankle. The patient's diagnoses included a lumbar disc herniation without myelopathy, left knee internal derangement, left knee medial meniscus tear, headache, cervico-cranial syndrome, lumbar neuritis/radiculitis, cervical spine sprain/strain, lumbar spine sprain/strain, left knee sprain/strain and left ear tinnitus. The patient's treatment plan included an MRI of the cervical and lumbar spines, a pain management follow-up and an ENT consultation as well as the continued use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB WORK: B12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical

Diagnosis and Management by Laboratory Methods, 21st ed. Chapter 8-Interpreting Laboratory Results

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/vitamin-b12/tab/test>

Decision rationale: The clinical documentation did not include any recent evaluation to support the request. An online resource, labs.com, indicates that evaluation of the B12 level should be supported by evidence of deficits of the B12 vitamin. As there was no recent clinical evaluation to support the request, the appropriateness cannot be determined. The request for lab work for B12 is not medically necessary and appropriate.

FOLATE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed. Chapter 8-Interpreting Laboratory Results

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/vitamin-b12/tab/test>

Decision rationale: The clinical documentation did not include any recent evaluation to support the request. An online resource, labs.com, indicates that evaluation of folate levels should be supported by evidence of deficits of folate levels. As there was no recent clinical evaluation to support the request, the appropriateness cannot be determined. The request for folate is not medically necessary and appropriate.

HgA1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/a1c/tab/test>

Decision rationale: An online resource, Lab Tests Online, recommends this type of testing for patients who have evidence of diabetes. There was no recent clinical documentation to support the need for this type of testing. The request for HgA1c is not medically necessary and appropriate.

ANA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug-Induced Hepatotoxicity, Laboratory Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/ana/tab/test>

Decision rationale: The online resource, Lab Tests Online, recommends this type of testing for patients with evidence of autoimmune deficiencies. There was no recent clinical documentation to support that the patient has any autoimmune deficiencies that would support the need for this type of testing. The request for ANA is not medically necessary and appropriate

SERUM IMMUNOELECTROPHORESIS TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003541.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/electrophoresis/tab/test>

Decision rationale: An online resource, labstestingonline.com, identifies that this test is appropriate when the patient has evidence of abnormal proteins. The clinical documentation submitted for review does not contain any recent evaluations that support the need for this type of testing. The request for immunoelectrophoresis is not medically necessary and appropriate.