

Case Number:	CM13-0070726		
Date Assigned:	01/08/2014	Date of Injury:	10/11/2012
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 patient's medications as of 12/12/2013 include hydrocodone/acetaminophen (Norco) 10 mg/325 mg tab, take one (1) tab by mouth, amphetamine/dextroamphetamine 24 hour XR (Adderall XR) 30 mg, levothyroxine (Synthroid) 200 mg, and Wellbutrin (Bupropion) 100 mg tab one (1) tab by mouth twice daily. Diagnostic studies reviewed include Lumbar MRI dated 06/19/2013. The progress report (PR-2) dated 12/12/2013 states that the patient complains of reactive depression. She is moody, tearful, having difficulty concentrating, disturbance of sleep and is gaining weight as is eating more due to her depression. On review of the systems, she has no pain or swelling in the joints of the upper or lower extremities or the spine, except per the History of Present Illness (HPI). The neurologic exam reveals no weakness; no numbness; no radicular symptoms and no loss of balance; any seizures or cognitive changes. She denies depression, anxiety, or suicidal/homicidal ideation. On physical exam, forward flexion to 75+/90 degrees; extension 10/30 degrees; deep tendon reflexes 2/4 and symmetric; muscle strength is 5/5 and symmetric. The diagnoses are sprain of the lumbar region (primary encounter diagnosis), sciatica, and reactive depression. A thyroid stimulating hormone (TSH) was ordered at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

THYROID STIMULATING HORMONE (TSH) LEVEL QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ATA/AACE GUIDELINE FOR TREATING HYPOTHYROIDISM IN ADULTS.

Decision rationale: The CA MTUS is silent on guidelines for thyroid stimulating hormone (TSH) laboratory testing. It is noted that the employee is taking Synthroid. However, there is no documentation of a suspected issue with the thyroid in the notes that were provided. Therefore, the medical necessity of this lab test has not been established and is not medically necessary.