MAXIMUS Federal Services

Case Number:	CM14-0002651		
Date Assigned:	01/31/2014	Date of Injury:	07/05/2013
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/08/2014

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 is a 24-year-old male who has submitted a claim for concussion with loss of consciousness of unspecified duration, contusion of face, scalp, upper arm and lower leg associated with an industrial injury date of July 5, 2013. Medical records from 2013 were reviewed, the latest of which dated November 20, 2013 revealed that the patient is more irritable and becomes angry easily. He has become very suspicious about everything. Recently, he had unreasonable trouble releasing his attention on matters, often late for appointments and work because he perseveres on trivial matters. If stressed, he will do nothing instead of doing what he should. The patient is taking Adderall and finds this has helped with the memory problems. He had an attack of nausea, headache, light sensitivity and dizziness with trouble walking about 2-3 weeks ago, and the symptoms typically occur with stress. He would take Tylenol for the symptoms. His impulsiveness has gone back to baseline. He has a history of migraines and would take Midrin as needed. On physical examination, there was noted straightening of the cervical lordosis and range of motion slightly limited. There was thoracolumbar scoliosis with the curve on the right, which caused his left hip to be lower. The lower spine was straight. Muscle tone was slightly increased in the right arm and reduced in the right forearm. RAMs and arm swing were slowed on the right. Reflex was 1+ at the right biceps, trace at the left biceps, 0 at right and left triceps, 2+ at bilateral knees, trace at the right ankle and 2+ at the left ankle. MRI of the brain done last December 23, 2013 revealed mild right-sided cerebellar tonsillar ectopia. Treatment to date has included work restrictions and modification, and medications, which include Adderall, Tylenol, Midrin, Norco and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: According to the ACOEM Practice Guidelines, imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, the patient has thoracolumbar scoliosis with signs of S1 radiculopathy. There is no documentation of new injury or trauma to the spine. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, request is not medically necessary.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

Decision rationale: According to the ACOEM Practice Guidelines imaging of the cervical spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient has signs consistent with C7 radiculopathy and chronic neck pain since the industrial injury. There is no documentation of new injury or trauma to the spine. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, request is not medically necessary.

LAB STUDY OF GONADOTROPIN (FHS): 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on gonadotropin (FSH). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that test may be used with other hormone tests such as luteinizing hormone, testosterone, estradiol, and/or progesterone to help determine the cause of infertility, diagnose conditions associated with dysfunction of the ovaries or testicles or aid in the diagnosis of pituitary or hypothalamus disorders, which can affect FSH production. The rationale for the request was not stated in the documents submitted. There is no subjective and objective finding that would warrant further investigation for pituitary disorder by testing for FSH level. Therefore, the request is not medically necessary.

LAB STUDY OF GONADOTROPIN (LH): 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on vitamin B12. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that test for vitamin B12 may be ordered when a CBC, done routinely or as part of an evaluation for anemia, indicates the presence of large RBCs; when a person, especially an elderly person, exhibits a sudden or unexplained mental or behavioral change, when someone has physical symptoms that suggest a vitamin B12 deficiency, and when a person has symptoms suggesting nerve damage or impairment (neuropathy). There is no subjective or objective finding that would warrant further investigation of vitamin B12 deficiency. Therefore, the request for is not medically necessary.

ASSAY OF PROLACTIN: 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on prolactin. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that in men, prolactin is

tested to help diagnose the cause of decreased libido and/or erectile dysfunction and to detect and monitor a prolactin-producing pituitary tumor (prolactinoma). In this case, the patient had a history of headache which may be a symptom of pituitary tumor, however, the headache was diagnosed as migraine. There is no subjective or objective finding that would warrant further investigation for pituitary disorder by testing prolactin level. Therefore, the request is not medically necessary.

ASSAY OF TOTAL TESTOSTERONE: 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on testosterone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that in men, testosterone is tested to help diagnose the cause of erectile dysfunction, infertility, or premature or delayed puberty. The rationale for the request was not stated in the documents submitted. There is no subjective or objective finding that would warrant further investigation of testosterone level. Therefore, the request is not medically necessary.

ASSAY OF SEX HORMONE GLOBUL: 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on sex hormone globulin. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that in adult male, sex hormone globulin is tested to help determine the cause of infertility, a decreased sex drive, and erectile dysfunction, especially when total testosterone results are inconsistent with clinical sign. The rationale for the request was not stated in the documents submitted. There is no subjective or objective finding that would warrant further investigation of the sex hormone globulin level. Therefore, the request is not medically necessary.

LAB STUDY FOR RED BLOOD CELL (RBC) SEDIMENTATION (SED) RATE, AUTOMATED: 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on RBC sedimentation rate. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that erythrocyte sedimentation rate (ESR or SED rate) is a relatively simple, inexpensive, non-specific test that has been used for to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. The rationale for the request was not stated in the documents submitted. There is no subjective or objective finding that would warrant further investigation of sedimentation rate. Therefore, the request is not medically necessary.

ASSAY OF THYROID STIMULATION HORMONE: 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 American Association for Clinical Chemistry (AACC)

Decision rationale: The California MTUS Guidelines do not address the topic on thyroid stimulating hormone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that TSH is tested to diagnose a thyroid disorder in a person with symptoms, monitor thyroid replacement therapy in people with hypothyroidism and occasionally help evaluate the function of the pituitary gland. The rationale for the request was not stated in the documents submitted. There is no subjective or objective finding that would warrant further investigation of the TSH level. Therefore, the request for is not medically necessary.

LAB STUDY FOR VITAMIN B-12: 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on vitamin B12. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that test for vitamin B12

may be ordered when a CBC, done routinely or as part of an evaluation for anemia, indicates the presence of large RBCs; when a person, especially an elderly person, exhibits a sudden or unexplained mental or behavioral change, when someone has physical symptoms that suggest a vitamin B12 deficiency, and when a person has symptoms suggesting nerve damage or impairment (neuropathy). There is no subjective or objective finding that would warrant further investigation of vitamin B12 deficiency. Therefore, the request for is not medically necessary.

LAB STUDY FOR BLOOD FOLIC ACID SERUM: 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 American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on serum folic acid. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines state that test for folate level may be ordered when a CBC, done routinely or as part of an evaluation for anemia, indicates the presence of large RBCs; when a person, especially an elderly person, exhibits a sudden or unexplained mental or behavioral change, when someone has physical symptoms that suggest a folate deficiency, and when a person has symptoms suggesting nerve damage or impairment (neuropathy). There is no subjective or objective finding that would warrant further investigation of folic acid deficiency. Therefore, the request is not medically necessary.

ASSAY OF SERUM ALBUMIN: 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 : American Association for Clinical Chemistry (AACC).

Decision rationale: The California MTUS Guidelines do not address the topic on serum albumin. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, guidelines by the American Association for Clinical Chemistry (AACC) was used instead. The guidelines states that test for serum albumin is frequently ordered as part of a panel of tests performed for a physical or health screening. It may also be ordered, along with other tests, when a person has symptoms of a liver disorder such as jaundice, fatigue, or weight loss, or symptoms of nephrotic syndrome such as edema. There is no subjective or objective finding that would warrant further investigation of serum albumin level. Therefore, the request is not medically necessary.