MAXIMUS Federal Services

Case Number:	CM14-0005018		
Date Assigned:	02/05/2014	Date of Injury:	03/25/2002
Decision Date:	07/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 62-year-old female who has filed a claim for degenerative disc disease of the cervical spine and post-laminectomy syndrome associated with an industrial injury date of March 25, 2002. Review of progress notes indicates neck pain and stiffness, with radicular pain in the right and left arms. Patient also experiences low back pain, with radicular pain in the right leg. There is also left shoulder and hip pain. Findings include tenderness of the cervical region, decreased range of motion, decreased sensation of bilateral upper extremities, and decreased reflexes in bilateral upper extremities. Regarding the lumbar spine, there is positive straight leg raise test bilaterally. Patient seems to be pale. Patient had an impaired fasting glucose level of 114mg/dL in April 2013. Treatment to date has included opioids, Lyrica, Cymbalta, topiramate, trazodone, physical therapy, cervical medial branch blocks, cervical epidural steroid injections, cervical spinal surgery in January 2003, and radiofrequency ablation of the cervical spine in January and August 2013. Utilization review from January 06, 2014 denied the requests for TSH and HgbA1c as there is no documentation of medical indications in this patient for these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

THYROID-STIMULATING HORMONE: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape: Thyoroid-Stimulating Hormone.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medscape was used instead. According to Medscape, indications for TSH testing include screening for subclinical hypothyroidism, diagnosis and monitoring of thyroid disorders, and monitoring of patients receiving thyroid hormone. In this case, there is no documentation that this patient is experiencing symptoms due to a thyroid disorder. There is no rationale as to why a TSH level is necessary at this time. Therefore, the request for thyroid-stimulating hormone was not medically necessary.

HGA1C TEST: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Medscape: Hemoglobin A1c Testing.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medscape was used instead. According to Medscape, hemoglobin A1c is used to diagnose diabetes mellitus, and to monitor glucose control in patients with diabetes mellitus. This patient had an impaired fasting glucose level of 114mg/dL in April 2013. Considering this patient's age and coexisting cardiac disease, screening the patient for presence of diabetes mellitus is advisable to better assess the risk factor profile of the patient. Therefore, the request for HgA1c was medically necessary.