

Case Number:	CM14-0009516		
Date Assigned:	02/14/2014	Date of Injury:	03/10/2013
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 54-year-old male who reported an injury on March 10, 2013. The injured worker was reportedly knocked over by a herd of cows while opening a gate. Current diagnosis is status post traumatic injury to include closed head trauma, visual complaints, and possibility of headaches exacerbated by uncorrected hyperopic astigmatism. The injured worker was evaluated on November 25, 2013. Physical examination revealed a normal external examination of the bilateral eyes, negative pupillary abnormality, 20/200 right eye visual acuity, and 20/100 left eye visual acuity. Treatment recommendations at that time include MRI of the brain. A request for authorization was then submitted on January 2, 2014 for MRI required blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-REACTIVE PROTEIN: 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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines did not specifically address the requested

service. www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on January 6, 2014. C-reactive protein (CRP) is a

Decision rationale: C-reactive protein is a non-specific test, which is used to detect inflammation if there is a high suspicion of tissue injury or infection in the body. There is no indication of infection or tissue injury. The injured worker does not demonstrate signs or symptoms of infection such as sepsis, fever, chills, rapid breathing, or rapid heart rate. Therefore, the medical necessity for the requested laboratory study has not been established. The request for C-Reactive protein testing is not medically necessary or appropriate.

MRI BLOODWORK: 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): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recognize the risk for liver or kidney problems secondary to long-term and high dose use of NSAIDs (non-steroidal anti-inflammatory drugs) and acetaminophen. The specific type of blood work required was not listed in the request. Therefore, the medical necessity has not been established. The request for MRI bloodwork is not medically necessary or appropriate.

MRI OF THE BRAIN WITH AND WOTHOUT CONTRAST: 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 Official Disability Guidelines (ODG) Head Chapter, Magnetic Resonance Imaging.

Decision rationale: The Official Disability Guidelines state indications for magnetic resonance imaging of the brain includes the need to determine neurological deficits not explained on a CT scan, the need to evaluate prolonged intervals of disturbed consciousness, or the need to define evidence of acute changes superimposed on previous trauma or disease. The injured worker does not meet criteria as outlined by the Official Disability Guidelines. There is no evidence of neurological deficits that have not been explained by a CT scan. There is also no documentation of a prolonged interval of disturbed consciousness. The request for an MRI of the brain with and without contrast is not medically necessary or appropriate.

METABOLIC PANEL: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Laboratory Testing.

Decision rationale: The Official Disability Guidelines state electrolyte and creatinine testing should be performed in patients with underlying chronic disease and in patients taking medications that predispose them to electrolyte abnormality or renal failure. There is no indication that this injured worker suffers from an underlying chronic disease that would predispose him to electrolyte abnormality or renal failure. The medical necessity for the requested laboratory testing has not been established. The request for a basic metabolic panel is not medically necessary or appropriate.

CREATININE: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Laboratory Testing.

Decision rationale: The Official Disability Guidelines state electrolyte and creatinine testing should be performed in patients with underlying chronic disease and in patients taking medications that predispose them to electrolyte abnormality or renal failure. There is no indication that this injured worker suffers from an underlying chronic disease that would predispose him to electrolyte abnormality or renal failure. The medical necessity for the requested laboratory testing has not been established. The request for Creatinine testing is not medically necessary or appropriate.