

Case Number:	CM14-0101086		
Date Assigned:	07/30/2014	Date of Injury:	08/08/2013
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in Utah. 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 27 year-old male. The patient's date of injury is 8/8/2013. The mechanism of injury was stated as an exposure to jet fuel and then shortness of breath with altercation with co-worker. He has been diagnosed with V15.89 chemical exposure, headaches, neck pain, low back pain, depression and anxiety. The treatments have included imaging studies, and medications. The physical exam dated 5/23/2014 reports tenderness in the cervical spine and spasms about the right trapezius, and the range of motion of the cervical spine is restricted. The patient's medications are not documented at this time other than Butalbital. The request is for labs, but clinical reasoning is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab - Thyroid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A.D.A.M., Medical Encyclopedia, Thyroid Function Tests.

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: National Institute of health website, Thyroid Panel.

Decision rationale: MTUS treatment guidelines do not specifically discuss labs, other guidelines were used. There is no given indication of reason for the above ordered labs stated in the clinical documents. According to the clinical documentation provided and current MTUS guidelines; Lab - Thyroid Panel is not indicated as a medically necessary.

CBC/SMA-19/SED RATE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A.D.A.M., Complete Blood Count, Erythrocyte Sedimentation Rate.

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: National Institute of health website, Complete Blood Count, ESR.

Decision rationale: MTUS treatment guidelines do not specifically discuss labs, other guidelines were used. There is no given indication of reason for the above ordered labs stated in the clinical documents. According to the clinical documentation provided and current MTUS guidelines; the request for CBC/SMA-19/SED RATE is not indicated as a medically necessary.

Glucose Reagent: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A.D.A.M., Blood Glucose Concentrations using Reagent Strips.

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: National Institute of health website, Glucose, reagent strips.

Decision rationale: MTUS treatment guidelines do not specifically discuss labs, other guidelines were used. There is no given indication of reason for the above ordered labs stated in the clinical documents. According to the clinical documentation provided and current MTUS guidelines; Glucose Reagent is not indicated as a medically necessary.