

<b>Case Number:</b>	CM14-0016312		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/21/1992
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 & 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 53-year-old male who reported an injury on 09/21/1992. The mechanism of injury was not stated. Current diagnoses include degenerative disc disease, cervical radiculopathy, lumbago, lumbar degenerative disc disease, failed back surgery syndrome, post laminectomy syndrome, and chronic pain syndrome. The injured worker was evaluated on 01/06/2014. The injured worker reported moderate lower back pain. Current medications include diazepam, Dilaudid, MS Contin, and oxycodone. Physical examination revealed tenderness to palpation of the cervical and lumbar spine, mildly reduced lumbar range of motion, and intact motor weakness and sensation. Treatment recommendations at that time, included continuation of current medication, a urinalysis, and laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIA 9 LABORATORY TEST:** 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), Chronic Pain Chapter.

**Decision rationale:** EIA 9 is a genetic enzymatic assay test. Official Disability Guidelines state that genetic testing is not recommended. Studies are inconsistent with inadequate statistics and large phenotype range. Therefore, the current request cannot be determined as medically appropriate. Additionally, the injured worker has previously undergone an EIA 9 test on 07/01/2013. The medical necessity for repeat testing has not been established. Therefore, the request for EIA 9 laboratory test is not medically necessary.

**DIAZEPAM SERUM LABORATORY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. The injured worker previously underwent the requested testing in 07/2013. The medical necessity for repeat testing has not been established. As such, the request for Diazepam serum laboratory test is not medically necessary.

**TSH LABORATORY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.com](http://www.labtestsonline.com). Lab Tests Online.

**Decision rationale:** A thyroid panel is used to screen for, or help diagnosis, hypo- and hyperthyroidism due to various thyroid disorders. A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo- or hyperthyroidism due to a condition affecting the thyroid. There is no indication of any signs and symptoms of hyper- or hypothyroidism. Additionally, the injured worker underwent the requested testing in 07/2013. The medical necessity for repeat testing has not been established. As such, the request is for TSH laboratory test is not medically necessary.

**UA COMPLETE LABORATORY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. The injured worker previously underwent the requested testing in 07/2013. The medical necessity for repeat testing has not been established. As such, the request for UA complete laboratory test is not medically necessary.

**MORPHINE SERUM LABORATORY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. The injured worker previously underwent the requested testing in 07/2013. The medical necessity for repeat testing has not been established. As such, the request for Morphine serum laboratory test is not medically necessary.

**HYDORMORPHONE SERUM LABORATORY TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. The injured worker previously underwent the requested testing in 07/2013. The medical necessity for repeat testing has not been established. As such, the request for Hydormorphone serum laboratory test is not medically necessary.

**FOLLOW-UP OFFICE VISITS X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable

healing or recovery can be expected. As per the documentation submitted, the injured worker does currently report persistent pain in the lower back with radiation to bilateral lower extremities as well as activity limitation. The injured worker does maintain diagnoses of degenerative disc disease in the cervical and lumbar spine, as well as radiculopathy and chronic pain syndrome. The injured worker does currently utilize multiple opioid medications. While the injured worker may meet criteria for 1 follow-up visit, the current request cannot be determined as medically appropriate. The medical necessity for 6 additional follow-up visits has not been established. As such, the request for follow-up office visits X6 is not medically necessary.