

Case Number:	CM14-0112041		
Date Assigned:	08/01/2014	Date of Injury:	06/17/2000
Decision Date:	09/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Internal 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 injured worker is a 43 year old female who reported an injury when she slipped and fell on a wet spot on the floor injuring her right shoulder on 06/17/00. The qualified medical examination report dated 06/26/05 indicates the injured worker having undergone physical therapy as well as surgery to repair a rotator cuff tear. The injured worker also reported a 2nd injury on 03/25/05 when she attempted to push open a 200 lb. steel door resulting in back and shoulder pain. The note indicates the injured worker having undergone a series of trigger point injections as well as physical therapy. The agreed medical evaluation dated 02/26/10 indicates the injured worker complaining of neck and low back pain. The clinical note dated 02/06/12 indicates the injured worker reporting gastrointestinal problems. The note indicates the injured worker also utilizing Protonix as well as Dexilant. The injured worker reported severe burning in her throat along with a sour taste. The injured worker also reported irregular bowel habits. The injured worker reported ongoing left lower quadrant abdominal gassy cramps. The MRI of the cervical spine dated 06/01/12 revealed an asymmetry of the nerve roots at the C5-6 level. There is an indication the injured worker has undergone lab studies on 08/29/12. All findings appeared to be essentially within range. The orthopedic AME (Agreed Medical Evaluation) reevaluation completed on 01/10/14 indicates the injured worker continuing with persistent shoulder issues. There is an indication the injured worker had undergone a shoulder surgery in August of 2013. The note indicates the injured worker undergoing a therapy program. The clinical note dated 03/24/14 indicates the injured worker continuing with neck and back pain as well as shoulder issues. The injured worker rated the pain as 7/10. The note indicates the injured worker receiving no opioids. The injured worker was also identified as having no aberrant behaviors and was identified as being a low risk for opioid misuse. There is an indication the injured worker is motivated to return to gainful employment. The note indicates the injured worker

utilizing Methocarbamol as well as Omeprazole. The utilization review dated 06/20/14 resulted in denials for the requested lab studies. No information had been submitted regarding the medical need for the numerous lab studies being requested in order to properly treat the injured worker's left shoulder, hip, neck, and low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count (CBC) (includes diff/Platelets): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. Therefore, the request of complete Blood Count (CBC) (includes diff/Platelets) is not medically necessary and appropriate.

Hepatic Function Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. Therefore, the request of Hepatic Function Panel is not medically necessary and appropriate.

Renal Function Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. As such, the request of Renal Function Panel is not medically necessary and appropriate.

Lab-Glucose: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. Therefore, the request of Lab-Glucose is not medically necessary and appropriate.

Hemoglobin Glycosylated (A1C): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. Therefore, the request of Hemoglobin Glycosylated (A1C) is not medically necessary and appropriate.

Thyroid Stimulating Hormone (TSH): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

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:1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. Therefore, the request of Thyroid Stimulating Hormone (TSH) is not medically necessary and appropriate.

Cyanocobalamin (Vitamin B-12) level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker complaining of pain at the neck, low back, shoulders, and hips. No information was submitted regarding the need for lab studies in order to properly treat the injured worker's orthopedic complaints. Without the necessary information in place, the requested lab studies are not indicated. Therefore, the request of Cyanocobalamin (Vitamin B-12) level is not medically necessary and appropriate.