

Case Number:	CM14-0124772		
Date Assigned:	09/26/2014	Date of Injury:	08/04/1990
Decision Date:	11/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Interventional Spine 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 60 year old with an injury date on 8/4/90. Patient complains of increasing headaches in 7/7/14 report, and had some lower extremity swelling in 4/17/14 report. Patient has a history of partial hypopituitarism in setting of multiple concussions and head trauma per 7/7/14 report. Based on the 7/7/14 progress report, the diagnosis includes hypopituitarism; mixed hyperlipidemia; and hypogonadism. Exam on 7/7/14 showed "no increasing palpitations. No episodes of syncope." The patient's treatment history includes medications: Androgel, Levothyroxine, Crestor, and Lovaza. The treating doctor requested 1 basic metabolic panel. The utilization review determination being challenged is dated 7/29/14. Treatment reports provided are from 1/16/14 to 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Health SmartSource, Basic Metabolic Panel

Decision rationale: This patient presents with increasing headaches. The treating physician has asked for 1 basic metabolic panel on 7/7/14, further specifying: "follow-up in October and labs pre-visit." The patient has had a recent TSH exam, which was mildly suppressed with no symptoms of thyroid excess, per 7/7/14 report. The review of the reports does not show any evidence of a prior basic metabolic panel being done in the past. Regarding a basic metabolic panel, [REDACTED] describes it as a blood test that measures your sugar (glucose) level, electrolyte and fluid balance, and kidney. It is used to determine how medicines are affecting the kidneys or the electrolytes, as part of a regular health examination or to help diagnose a medical condition. In this case, the patient does not present with high risk factors, such as hypertension, diabetes, or kidney/liver disease. The patient has a thyroid condition and recently completed a TSH test, but the treating physician does not provide a useful discussion regarding necessity for BMP. Therefore, this request is not medically necessary.