

Case Number:	CM14-0162975		
Date Assigned:	10/08/2014	Date of Injury:	10/28/2006
Decision Date:	11/25/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Rehabilitation & Pain Management 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 51 year old with an injury date on 10/28/06. Patient complains of constant neck pain radiating into bilateral upper extremities, constant low lumbar pain radiating into bilateral lower extremities, right wrist/hand pain, constant bilateral ankle/foot pain with numbness/tingling, with pain rated 8/10 per 8/13/14 report. Patient's pain has not changed since last visit, and patient also has anxiety, depression, stress, insomnia, and occasional suicidal thoughts per 8/13/14 report. Based on the 8/13/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p posterior lumbar spine interbody fusion at L5-S1 on 6/25/10 2. left knee surgery 3. left knee medial meniscal tear 4. left shoulder surgery in 2008 5. disc protrusion at L4-L5 measuring 4mm and tear with left neural foraminal stenosis 6. chronic pain syndrome 7. constipation secondary to medication usage 8. cervical radiculopathy 9. neuropathic pain in the lower extremities and lumbar spine 10. failed back surgery syndrome 11. chronic lower back pain 12. anxiety and depression due to chronic pain 13. s/p anterior cervical discectomy and fusion at C3 through C6 on 9/11/13 with residual neck pain/headaches 14. s/p right knee arthroscopy on 8/16/13 Exam on 8/13/14 showed "C-spine range of motion is restricted. All orthopedic tests are negative bilaterally." Patient's treatment history includes physical therapy which gives 50% relief. [REDACTED] is requesting [REDACTED] The utilization review determination being challenged is dated 9/3/14 and denies request as a clinical indication for each of requested laboratory evaluations were not clearly discussed. [REDACTED] is the requesting provider, and he provided treatment reports from 4/16/14 to 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Laboratory Test: GI Profile (TSH, AML, ALPS, CMPR, HTYA AND CBC):
Overturned

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 Medlineplus: TSH - Thyroid Stimulating Test and <http://www.nlm.nih.gov/medlineplus/ency/article/003684.htm>

Decision rationale: This patient presents with headache, neck pain, bilateral arm pain, lower back pain, bilateral leg pain, right wrist/hand pain, bilateral ankle/foot pain. The provider has asked for retro laboratory test: G1 profile, TSH, AML, ALDS, CMPR, HTYA and CBC provided on 8/13/14. Review of records show that laboratory tests have not been done for this patient other than a urine drug screen in the 7/1/14 report. The patient is currently taking Norco, Neurontin, Cymbalta, and Senokot per the 8/13/14 report. On 6/19/14, the patient was admitted to the hospital for an over-ingestion of medications. Regarding TSH - Thyroid Stimulating Test - Medlineplus states that it is used to determine if there are symptoms or signs of an overactive or under active thyroid gland. It is also used to monitor treatment of these conditions. AML, ALDs appear to be lab tests for various medications that may have been ingested. CMPR may stand for a comprehensive laboratory testing. Given the patient's hospitalization regarding the ingestion of multiple medications, the requested variety of laboratory testing appears medically reasonable. Therefore, these services were medically necessary and appropriate.