MAXIMUS Federal Services

Case Number:	CM14-0170174		
Date Assigned:	10/20/2014	Date of Injury:	01/08/2014
Decision Date:	11/28/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 underlying date of injury in this case is 1/8/2014. The date of the Utilization Review under appeal is 10/10/2014. The patient's diagnoses are status post motor vehicle accident of 1/8/2014 with blunt head trauma, as well as post-traumatic headaches and musculoskeletal sprain, major depression, and sleep impairment. A doctor's first report of occupational illness of 8/1/2014 reviews this patient's history of initial injury when she was in a taxi cab which was involved in an accident when the road was wet and the car spun approximately 3 times and was involved in a multi-vehicle collision. The treating physician noted that the patient had been using Percocet and might have rebound analgesic syndrome and the patient was taking Topamax apparently for headaches. The treating physician recommended tapering of Topamax as well as a trial of acupuncture, psychiatric and psychological evaluations and an EEG to rule out seizures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.

Complete Blood Count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.

Comprehensive metabolic panel (CMP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.

Prothrombin time (PT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health and on the Non-MTUS MedLine Plus updated 2/2/13

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.

Partial thromboplastin time (PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health and on the Non-MTUS MedLine Plus updated 2/2/13

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.

Thyroid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Endocrine and Metabolic Diseases Information Service/National Institutes of Health, Updated 5/14/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do

not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.

Lipid Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health and on the Non-MTUS MedLine Plus updated 5/5/13

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: ACOEM Guidelines Chapter 2, Assessment, page 21 recommends a history and physical examination in order to support an indication for a diagnosis and recommended treatment plan. At this time multiple lab studies have been requested. The medical records do not contain sufficient detail to clarify the clinical reasoning or rationale for these requested lab studies. It is not possible to identify a more specific guidelines without further clarification or rationale for the requested diagnostic testing. Therefore, at this time there is insufficient information and the medical records do not support an indication for this requested testing. This request is not medically necessary.