

Case Number:	CM14-0175804		
Date Assigned:	10/28/2014	Date of Injury:	09/17/2005
Decision Date:	12/17/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on September 17, 2005. Subsequently, patient developed with chronic back pain, neck pain and numbness. According to a progress report dated on September 16, 2014, the patient reported moderate back pain radiating to both lower extremities. He is pain severity was rated the eighth over 10 without medications and improved to 4/10 with medications. The patient was treated with physical therapy, chiropractic treatment and pain medications. The patient was also treated with the epidural steroid injection, trigger point injections and cortisone injection. The provider request authorization to do lab work mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab test: Testosterone free LC/MS/MS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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: <http://www.labtestonline.org/>.

Decision rationale: There is no justification for checking the testosterone level. There is no documentation of clinical evidence suggestive of abnormal testosterone level. Therefore, the prescription of Free Testosterone is not medically necessary.

Complete Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78 and 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation abnormal UDS. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary.

Lab test: TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Taylor, P. N., et al. (2013). "Clinical review: A review of the clinical consequences of variation in thyroid functions within the reference range." J Clin Endocrinol Metab 98(9): 3562-3571.

Decision rationale: There is no clinical evidence in the patient file suggesting thyroid dysfunction. Therefore testing for thyroid stimulating hormone (TSH) is not medically necessary.

Lab test: Hydrocodone & Metabolite serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78 and 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation abnormal UDS. There is no rationale provided for requesting Hydrocodone & Metabolite serum test. Therefore, the Hydrocodone & Metabolite serum is not medically necessary.

Lab test: Chem 19: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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: <http://www.labtestonline.org/>.

Decision rationale: The patient file did not document any electrolytes abnormalities, liver or renal dysfunction that require Chem 19 testing. Therefore Chem 19 test is not medically necessary.

Lab test: CBC (includes DIFF/PLT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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: Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." *Dermatol Clin* 25(2): 195-205, vi-ii.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of CBC with diff testing. CBC with diff can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rational behind ordering this test. Therefore, the request for CBC with diff testing is not medically necessary.

Lab test: Acetaminophen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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: Rumack, B. H., et al. (1981). "Acetaminophen overdose. 662 cases with evaluation of oral acetylcysteine treatment." *Arch Intern Med* 141(3 Spec No): 380-385.

Decision rationale: Drug screen for Acetaminophen is not medically necessary. There is no medication with Acetaminophen administered to the patient according to the chart. Therefore, this request is not medically necessary.

6 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no documentation of functional improvement with previous 48 chiropractic treatment sessions, 89 physical therapy sessions and acupuncture sessions. Therefore 6 Chiropractic treatments are not medically necessary.