

Case Number:	CM14-0024442		
Date Assigned:	06/11/2014	Date of Injury:	01/16/2009
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 56 year old male who reported an injury to his low back, gluteal, and groin. The injured worker stated the initial injury occurred on 08/03/13 when he had a fall resulting in laceration to the head. A clinical note dated 08/17/12 indicated the injured worker stating that the prolonged walking was exacerbating his symptoms. The injured worker stated that without ongoing use of medications he was unable to get out of bed. The injured worker utilized ibuprofen and oxycodone. A clinical note dated 08/16/13 indicated the injured worker complaining of low back pain radiating to the bilateral lower extremities, specifically to the right calf and left thigh. The lab studies on 08/12/13 resulted in essentially normal findings. The injured worker had marginally high red blood cell count, hemoglobin, and hematocrit. A clinical note dated 09/13/13 indicated the injured worker continuing with low back pain radiating into the thighs. The injured worker also described the pain as discomforting and numbing sensation. A clinical note dated 11/11/13 indicated the injured worker stating that ascending stairs and bending and changing positions exacerbated his pain. The injured worker was recommended for several lab studies. The Utilization Review dated 01/14/14 resulted in a denial as no information was submitted regarding objective findings suggesting the need for continued lab studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC(COMPLETE BLOOD COUNT): Upheld

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 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 ongoing lab studies is not medically necessary. The clinical documentation indicates the injured worker complaining of ongoing low back pain. Continued lab studies are indicated in order to provide the injured worker with a pathway for treatment. The clinical documentation indicates the injured worker utilizing opioid therapy in order to provide the injured worker with pain relief. The clinical notes indicate the injured worker responding appropriately to the current drug regimen. The injured worker stated he was able to function properly with the continued use of medications in addressing low back complaints. No other information was submitted regarding the need for labs. Given the lack of information supporting the medical need for additional lab studies, this request is not indicated.

CHEM PANEL: Upheld

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 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.

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TSH: Upheld

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 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.

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UA(URINE): Upheld

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 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.

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UDS (URODYNAMICS STUDY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: There is an indication the injured worker is utilizing opioid therapy to address the ongoing pain complaints. However, no information was submitted regarding the previous drug screen. Without this information it is unclear if the patient requires updated studies. Additionally, no information was submitted regarding any aberrant behaviors or potential for drug misuse. Therefore, this request is not indicated.

PSA (PROSTATE-SPECIFIC ANTIGEN TEST): Upheld

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 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.

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TESTOSTERONE LEVELS: Upheld

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 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.

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