

<b>Case Number:</b>	CM14-0026409		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 46-year-old male injured on September 10, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 6, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, and left upper back pain radiating down the left arm. The physical examination demonstrated limited range of motion of the cervical spine and tenderness over the cervical spinous processes as well as the paracervical muscles. There was tenderness at the left shoulder supraspinatus and biceps tendon. There was decreased left upper extremity reflexes at the elbow and wrist as well as decreased sensation at the medial and lateral aspects of the left arm. There was a positive left sided Tinel's test at the wrist. Diagnostic imaging studies objectified diffuse disc bulging of the cervical spine with hardware in place at the C7/T1 level. Nerve conduction studies of the left upper extremity were stated to be within normal limits. A cervical spine epidural and left-sided C8 nerve root block were recommended. A request had been made for a thyroid function panel and testosterone levels and was not certified in the pre-authorization process on February 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR LAB WORK 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 ODG Treatment / Integrated Treatment/Disability Duration Guidelines Pain (Chronic) - Acetaminophen (updated 6/10/14).

**Decision rationale:** According to the medical records provided the injured employee was not stated to have any concerning symptoms regarding thyroid problems or testosterone levels. Therefore it is unclear why there is request for these laboratory tests. Without specific justification this request for a lab test for testosterone levels is not medically necessary based on Official Disability Guidelines.

**PROSPECTIVE REQUEST LAB WORK THYROID FUNCTION 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 ODG Treatment / Integrated Treatment/Disability Duration Guidelines Pain (Chronic) - Acetaminophen (updated 6/10/14).

**Decision rationale:** According to the medical records provided the injured employee was not stated to have any concerning symptoms regarding thyroid problems or testosterone levels. Therefore it is unclear why there is request for these laboratory tests. Without specific justification this request for a lab test for a thyroid function panel is not medically necessary based on Official Disability Guidelines.