

Case Number:	CM14-0028205		
Date Assigned:	06/13/2014	Date of Injury:	07/23/2013
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 60-year-old male with a 7/23/13 date of injury. At the time (2/25/14) of request for authorization for 1 lipid panel, 1 metabolic panel, and 1 thyroid-stimulating hormone test, there is documentation of subjective (status post head injury, neck pain, and headaches; rest illegible due to medical report being handwritten and reproduced) and objective (blood pressure 127/70, motor strength 5/5, sensory grossly intact; rest illegible due to medical report being handwritten and reproduced) findings, current diagnoses (status post head injury and dizziness), and treatment to date (medications and physical therapy). There is no documentation of a clearly stated rationale identifying why laboratory tests are needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LIPID PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Other Medical Treatment Guideline or Medical Evidence: Manual of Laboratory & Diagnostic Tests, 8th Edition: Philadelphia. Mosby's Manual Diagnostic & Laboratory Tests, 4th Edition.

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of status post head injury and dizziness. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for 1 lipid panel is not medically necessary.

1 METABOLIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Other Medical Treatment Guideline or Medical Evidence: Manual of Laboratory & Diagnostic Tests, 8th Edition: Philadelphia. Mosby's Manual Diagnostic & Laboratory Tests, 4th Edition.

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of status post head injury and dizziness. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for 1 metabolic panel is not medically necessary.

THYROID-STIMULATING HORMONE TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Other Medical Treatment Guideline or Medical Evidence: Manual of Laboratory & Diagnostic Tests, 8th Edition: Philadelphia. Mosby's Manual Diagnostic & Laboratory Tests, 4th Edition.

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of status post head injury and dizziness. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for 1 thyroid-stimulating hormone test is not medically necessary.