

<b>Case Number:</b>	CM14-0029098		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier lumbar fusion surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for an arthritis panel, vitamin D testing, thyroid function testing, renal function testing, and/or urinalysis on the grounds that the attending provider did not furnish any compelling information to support the request. No guidelines were cited. The claims administrator stated that he could not cite any guidelines without the attending provider furnishing further information. The applicant's attorney subsequently appealed. In a handwritten work status report dated June 9, 2014, the applicant was placed off of work, on total temporary disability, for an additional one month. In an earlier note of September 26, 2013, the applicant was again placed off of work, on total temporary disability. Unspecified medications were refilled and the medical transportation was endorsed. On December 16, 2013, the attending provider again placed the applicant off of work, on total temporary disability, owing to ongoing complaints of neck, low back, and left shoulder pain. In a pain management note of November 18, 2013, the applicant was described as using morphine, Norco, and Elavil. On December 18, 2013, the applicant's pain management physician again refilled OxyContin, Elavil, Norco, and Valium and suggested that the applicant might be a candidate for a pain management program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAB WORK- ARTHRITIS PANEL, VITAMIN D THYROID, LIVER, URINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311, Chronic Pain Treatment Guidelines Acetaminophen Topic Page(s): 12.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 269 do state that a number of applicants with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, vitamin deficiency and/or arthritis and that, when history indicates, testing for these or other comorbid conditions is recommended, in this case, however, the attending provider did not clearly state that any such disease processes, such as hypothyroidism, arthritis, vitamin deficiency, etc. were suspected. Similarly, while page 12 of the MTUS Chronic Pain Medical Treatment Guidelines does express concern over hepatotoxicity from acetaminophen overdose, in this case, however, there was no clearly voiced suspicion of any hepatic insult/liver insult associated with ongoing acetaminophen usage. As with the other request, the attending provider did not furnish a clear rationale for the liver function testing. Finally, while the MTUS-adopted ACOEM Guidelines in Chapter 12, Algorithm 12-1, page 311 do support urinalysis in applicants in whom cancer or infection is suspected, in this case, as with the other request, the attending provider did not furnish a compelling rationale for the urinalysis component of the request. It was not clearly stated that cancer or an infection was suspected. No rationale for this or other testing was provided. Therefore, the request is not medically necessary.