MAXIMUS Federal Services

Case Number:	CM14-0029794		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2011
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 41-year-old female who reported a work place injury to her cervical, thoracic, lumbar spines as well as the right wrist and hand and thumb on 09/15/11. The injured worker reported the most significant symptoms in the cervical region. The injured worker rated her cervical pain as 6-7/10, with additional complaints of weakness in the bilateral upper extremities, as well as numbness and tingling. The clinical note dated 07/22/13 indicates the injured worker having undergone two (2) epidural steroid injections without lasting relief. There is also an indication the injured worker has been utilizing medications as well as therapy in the past. There is also an indication the injured worker has positive Durkan's, Phalen's, and Tinel's signs. The note indicates the injured worker utilizing Naproxen and Norco for ongoing pain relief. An MRI of the cervical spine dated 06/19/12 revealed multilevel degenerative findings most significant at C5-6. A three (3) millimeter disc osteophyte protrusion was identified extending into the left paracentral and right foraminal regions with possible C6 nerve root impingement on the right. The MRI of the right shoulder dated 10/11/11 revealed a tear of the superior labrum with a paralabral cyst extending into the spinal glenoid notch. Lab studies completed on 09/30/11 revealed a high creatinine ratio of 32.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUARTERLY LABS (BASIC METABOLIC PANEL, HEPATIC FUNCTION PANEL, CREATINE PHOSPHOKINASE, C-REACTIVE PROTEIN, ARTHRITIS PANEL, COMPLETE BLOOD COUNT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, Peer-Reviewed Non-Commercial Patient Centered, A Public Resource on Clinical Lab Testing from the Laboratory Professionals Who Do the Testing, last updated 02/18/2012, (http://labtestsonline.org/understanding/analytes/bmp).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins; and Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The medical records provided for review indicates the injured worker having previously undergone lab studies, which revealed marginal findings outside of normal ranges. No other information was submitted regarding the injured worker's subsequent findings that would indicate the need for ongoing lab studies. Therefore, this request is not indicated as medically necessary.

THREE (3)-MONTH POINT OF CONTACT URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Pain Procedure Summary (last updated 01/07/2014).

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

Decision rationale: A urine drug screen is indicated for injured workers continuing with use of opioid therapy who have been identified as having a history of drug misuse or ongoing non-compliance issues. No information was submitted regarding the injured worker's non-compliance with the prescribed drug regimen. Additionally, no information was submitted regarding the injured worker's potential for drug misuse. Given these findings, this request is not indicated as medically necessary.