

Case Number:	CM14-0031009		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2009
Decision Date:	10/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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:

This is a 60 year-old male who has reported low back pain after an injury on 10/15/09. Treatment has included a lumbar decompressive surgery on 1/31/12, injections, physical therapy, and chronic opioids. After post-operative improvement, he has reported recurrent low back and extremity symptoms, including pain and paresthasias. CT myelography on 9/4/13 showed significant spinal stenosis, degenerative changes, and spondylolisthesis. He has been diagnosed with post-laminectomy syndrome. On 6/6/14, a spine surgeon recommended a repeat surgery with a fusion. The primary treating physician has seen the injured worker periodically. The available primary treating physician reports are from 11/5/13 and 10/21/13. These reports refer to ongoing low back pain, ongoing use of opioids and other medications, and surgical consultation. The requested services now under Independent Medical Review were not discussed. Utilization Review denied the services under review on 02/21/14, citing the Official Disability Guidelines and other references. The Utilization Review referred to a request from the primary treating physician dated 2/19/14 and a primary treating physician progress note of 2/14/14. Those reports were not included in the records for this Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: 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 Urine Drug screen, Opioids, steps to avoid misuse/addiction Page(s): 77; 94; 78; 89.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a urine drug screen requested on 2/19/14. It is not possible to determine medical necessity without this information. The MTUS provides several recommendations for doing urine drug screens so it is possible that medical necessity exists in this particular case, given that the injured worker is taking chronic opioids. However, given the lack of medical records from the time of the requested urine drug screen, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested urine drug screen is not medically necessary.

Comprehensive Metabolic Panel (CMP): 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), Low Back (updated 02/13/14), Preoperative testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a CMP (Comprehensive Metabolic Panel) requested on 2/19/14. It is not possible to determine medical necessity without this information. There is a vast list of indications for performing a CMP, none of which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested CMP, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested CMP is not medically necessary. No guideline can be selected given the myriad of possible indications and lack of any specific indications in the records.

Complete Blood Count (CBC): 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), Low Back (updated 02/13/14), Preoperative testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a complete blood count requested on 2/19/14. It is not possible to determine medical necessity without this information. There is a vast list of indications for performing a CBC, none of which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested CBC, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested CBC is not medically necessary. No guideline can be selected given the myriad of possible indications and lack of any specific indications in the records.

Thyroid - stimulating hormone (TSH): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.ncbi.nlm.nih.gov/pubmed/92321055>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a TSH requested on 2/19/14. It is not possible to determine medical necessity without this information. There is a vast list of indications for performing a TSH test, none of which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested TSH, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested TSH is not medically necessary. No guideline can be selected given the myriad of possible indications and lack of any specific indications in the records.

Testosterone free and total for adult male (AM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.ncbi.nlm.nih.gov/pubmed/92321055>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a testosterone test requested on 2/19/14. It is not possible to determine medical necessity without this information. There is a long list of indications for performing a testosterone test, none of which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested test, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested testosterone is not medically necessary. No guideline can be selected given the many possible indications and lack of any specific indications in the records.

Prostate-Specific Antigen (PSA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.ncbi.nlm.nih.gov/pubmed/23693096>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a PSA test requested on 2/19/14. It is not possible to determine medical necessity without this information. There are indications for performing a PSA test, none of

which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested test, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested PSA test is not medically necessary. No guideline can be selected given the many possible indications and lack of any specific indications in the records.

Hemoglobin A1c (HgA1c) test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.ncbi.nlm.nih.gov/pubmed/23693096>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Preoperative labs

Decision rationale: The medical records do not contain specific information regarding the medical necessity for a HgA1c test requested on 2/19/14. It is not possible to determine medical necessity without this information. There are indications for performing a HgA1c test, none of which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested test, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested HgA1c test is not medically necessary. The Official Disability Guidelines citation above addresses the use of HgA1c testing in the context of diabetes, including the use of this test for screening some individuals. The available reports do not contain the kind of information needed to determine compliance with guidelines.

Electrocardiogram (EKG): 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), Low Back (updated 02/13/14), Preoperative testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not contain specific information regarding the medical necessity for an EKG requested on 2/19/14. It is not possible to determine medical necessity without this information. There are indications for performing an EKG, none of which have been clearly outlined in the available records. Given the lack of medical records from the time of the requested test, it is not possible to state that the necessary indications are present. Based on the lack of sufficient information, the requested EKG is not medically necessary. No guideline can be selected given the many possible indications and lack of any specific indications in the records.

Repeat Sacroiliac (SI) joint Injections: 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), Hip and Pelvis (updated 12/09/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, sacroiliac joint blocks Sacroiliac Joint Injections, updated ACOEM Guidelines, Low Back, 4/7/08, Page 191

Decision rationale: The MTUS does not address sacroiliac injections. The updated ACOEM Guidelines recommend against sacroiliac joint injections in all cases except those involving inflammatory conditions. Such conditions do not exist in this case. The Official Disability Guidelines note the low quality of evidence in support of these blocks but allow for them after a course of specific physical therapy, which has not occurred in this case. And the Official Disability Guidelines recommends that any repeat blocks occur only if more than 80% pain relief was obtained after the initial block. Per the AME and the injured worker, there was no pain relief after the first sacroiliac injection. Therefore, no repeat injection is medically necessary based on the results of the first injection and the cited guidelines.