

Case Number:	CM14-0052841		
Date Assigned:	07/07/2014	Date of Injury:	09/05/2013
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesia, has a subspecialty in Pain 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 injured worker is a 32 year old male who reported injuries on 09/05/13 due to being struck by a falling a bag of dust. The impact caused the injured worker to fall to the ground. The injured worker was subsequently diagnosed with hematochezia. The injured worker reported neck and back pain. The utilization review dated 03/07/14 resulted in denials for a retrospective iron assay, magnesium assay, and a retrospective C - reactive protein exam as insufficient information had been submitted regarding general studies resulting in the need for the assays. The therapy note dated 06/02/14 indicates the injured worker having completed 6 physical therapy sessions to date. The focus of the therapy was identified as the lumbar and cervical regions. The procedural note dated 05/29/14 indicates the injured worker undergoing a colonoscopy with a biopsy. The clinical note dated 09/15/13 indicates the injured worker presenting with internal hemorrhoids that were expressing at times. The injured worker did report ongoing passage of blood with bowel movements. The clinical note dated 05/20/14 indicates the injured worker continuing with complaints of rectal bleeding as well as episodes of diarrhea with abdominal pains. The injured worker also reported left lower quadrant pain. There is an indication that the injured worker has complaints of blood with stools. There is also an indication the injured worker has complaints of fecal incontinence. The injured worker had an accident where he smashed his toes which required antibiotic therapy. This subsequently incited the diarrhea. The injured worker reported persistent diarrhea. However, the injured worker was utilizing Imodium and Pepto Bismol as needed. The injured worker reported occasional solid stool with a 5 day history of diarrhea. The injured worker reported 5 bowel movements most every day. There is an indication the injured worker has easy bruising. Hemorrhoids were evident in the rectum. The injured worker was recommended for a stool study followed by a colonoscopy. The ultrasound of the abdomen dated 05/02/14 revealed no masses. No gall stones

or biliary ductal violation was identified. The clinical note dated 03/13/14 indicates the injured worker having undergone an internal medicine follow up and evaluation. The note indicates the injured worker having received a cream to address the issues with the hemorrhoids. The note indicates the injured worker utilizing Tramadol for pain relief as well as a proton pump inhibitor. Lab studies completed on this date revealed essentially normal findings. There is an indication the injured worker showed sediment in the urine as well as a uric acid level of 5.5. The injured worker's creatinine level was identified at 1.4 which is marginally outside of normal range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Magnesium Assay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/magnesium/tab/test/>.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker having complaints of pain at several sites to include the toes, cervical, and lumbar regions. The history of the injured worker includes antibiotic therapy which subsequently resulted in a 5 day history of diarrhea. Preliminary lab studies revealed a marginally high creatinine level. No other findings were identified that would indicate the need for additional and more focused studies. Given that the preliminary lab studies revealed no significant findings indicating the need for additional studies, this request is not indicated as medically necessary.

Retrospective C-Reactive Protein: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/magnesium/tab/test/>.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker having complaints of pain at several sites to include the toes, cervical, and lumbar regions. The history of the injured worker includes antibiotic therapy which subsequently resulted in a 5 day history of diarrhea.

Preliminary lab studies revealed a marginally high creatinine level. No other findings were identified that would indicate the need for additional and more focused studies. Given that the preliminary lab studies revealed no significant findings indicating the need for additional studies, this request is not indicated as medically necessary.

Retrospective Iron Assay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=90&ncdver=1 &bc=AgEAAAAAAAAAM&>.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker having complaints of pain at several sites to include the toes, cervical, and lumbar regions. The history of the injured worker includes antibiotic therapy which subsequently resulted in a 5 day history of diarrhea. Preliminary lab studies revealed a marginally high creatinine level. No other findings were identified that would indicate the need for additional and more focused studies. Given that the preliminary lab studies revealed no significant findings indicating the need for additional studies, this request is not indicated as medically necessary.