

Case Number:	CM14-0060771		
Date Assigned:	08/08/2014	Date of Injury:	08/04/2010
Decision Date:	09/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on August 4, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 10, 2014, indicated that there were ongoing complaints of moderate low back pain with radiation into the lower extremity. The physical examination demonstrated a 5'3", 144 pound individual who is normotensive. The lumbar spine evaluation noted an antalgic gait pattern, a normal lower extremity muscle tone, no evidence of spasm and some tenderness to palpation. A normal range of motion lumbar spine was reported. A pain score was described as 6/10. Diagnostic imaging studies were not reported. Previous treatment included lumbar surgery, multiple medications, and pain management interventions. A request had been made for various laboratory studies and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis Complete: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: As outlined in the MTUS, there is a support for urine drug screening as part of the chronic opioid management. However, there is no indication of drug abuse, drug risk, inappropriate drug use or illicit drug use. As such, the basis for such a determination is not established and this is not medically necessary.

Thyroid-Stimulating Hormone: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: The specific laboratory request is not addressed in the ACOEM guidelines or the MTUS. The parameters noted in the ODG were used. The progress notes did not indicate that there is a specific thyroid disease or clinical indication for the need for a thyroid stimulating hormone assessment. Therefore, based on this lack of medical information, the necessity for this study is not present.

Complete Blood Count with Diff: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: This laboratory study is not addressed in the MTUS or the ACOEM guidelines. The parameters noted in the ODG were used. There is no clear clinical indication to suggest the need that this individual has alterations in the blood work. As such, there is no clear clinical indication presented in the progress notes as to why this study is necessary. As such, this is not medically necessary.

Acetaminophen serum: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: This study is not addressed in the ACOEM or MTUS guidelines. Furthermore, the parameters noted in the ODG support investigations when there is a clinical reason to do so. The progress notes are silent on this topic. As such, there is no clear established medical necessity for this study.

ELA 9: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: This study is not addressed in the ACOEM or MTUS guidelines. Furthermore, the parameters noted in the ODG support investigations when there is a clinical reason to do so. The progress notes are silent on this topic. As such, there is no clear established medical necessity for this study.

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS, this is for the short-term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS, the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications being employed, and if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. In addition, adverse effects have to be addressed. None of these parameters to continue this medication chronically have been measured. Therefore, the medical necessity is not established.

Chem 19 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: This study is not addressed in the ACOEM or MTUS guidelines. Furthermore, the parameters noted in the ODG support investigations when there is a clinical reason to do so. The progress notes are silent on this topic. As such, there is no clear established medical necessity for this study.

