

<b>Case Number:</b>	CM14-0067166		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and 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 60-year-old gentleman was reportedly injured on June 12, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 7, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles and a normal upper extremity neurological examination. There was decreased cervical range of motion and pain with facet loading. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included trigger point injections and a home exercise program. A request had been made for lab tests for TSH, Chem 19, CBC with diff/PLT, EIA 9 w/ GCMS 4/Fentanyl/Meperidine, urinalysis complete, Acetaminophen, GCT, Hydrocodone & metabolite serum total free and total, LC/MS/MS and was not certified in the pre-authorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab test (tsh, chem 19, cbc with diff/plt, EIA 9 w/ GCMS 4/Fentanyl/meperidine, urinalysis complete, acteminophen, GCT, hydrocodone & metabolite - serum total - free and total, LC/MS/MS): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Lab Testing, Updated July 10, 2014.

**Decision rationale:** According to the attached medical record, the injured employee has a diagnosis of cervical spine pain. There is no indication for the laboratory tests requested to assess chronic cervical spine pain with the exception of some of these tests for preoperative laboratory testing. Without additional justification, this request for TSH, Chem 19, CBC with diff/PLT, EIA 9 w/ GCMS 4/Fentanyl/meperdine, urinalysis complete, Acetaminophen, GCT, hydrocodone & metabolite - serum total free and total, LC/MS/MS is not medically necessary.