

<b>Case Number:</b>	CM14-0085648		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/07/1979
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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, has a subspecialty in Pain 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 62 year old male who reported an injury to his low back in 02/07/79. Clinical note dated 08/07/14 indicated the injured worker complaining of severe right hand wasting with findings consistent with a clawing. Gait was identified as being unstable and short stepped. The injured worker complained of severe lower extremities weakness bilaterally. The injured worker utilized an electric wheelchair for mobility purposes. A clinical note dated 03/13/13 indicated the injured worker utilizing morphine sulfate, Zolpidem, Kadian, diclofenac, and Pristiq. Diclofenac was discontinued. The injured worker was identified as undergoing slow taper for Zolpidem. A clinical note dated 08/05/13 indicated the injured worker diagnosed with post-laminectomy syndrome. Past medical history was significant for three previous lumbar discectomies. Utilization review dated 05/19/14 resulted in denials for liver function test, sleep study, lab studies including testosterone, UA, CBC, BMP, uric acid, and thyroid function test as insufficient information was submitted clarifying the need for lab studies. No information was submitted regarding sleeping habits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Liver Function Test:** Overturned

**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 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 patient utilized a number of medications to address ongoing complaints of low back pain. A liver function test is indicated in order to provide sufficient information for the provider regarding the patient sufficiently metabolizing the medication regimen. Given the ongoing use of opioid therapy this request is medically and appropriate.

**Sleep Study:** 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).

**Decision rationale:** The patient was diagnosed with obstructive Chronic Obstructive Pulmonary Disease (COPD). However, no information was submitted regarding current sleeping habits or ongoing complaints of insomnia. Given this, the request is not indicated as medically and appropriate.

**Testosterone Level, UA, CBC, BMP, uric acid, Hepatitis C Titer:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

**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 patient may benefit from general lab studies on a periodic basis. However, no information was submitted regarding the need for uric acid exam. Therefore, this request is not is not medically necessary and appropriate.

**Thyroid function Test:** 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?>

**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 patient utilized a number of medications. However, no information was submitted regarding thyroid involvement. Therefore, it is unclear if the patient would benefit from the proposed study. The request is not medically necessary and appropriate.