

Case Number:	CM14-0096462		
Date Assigned:	07/28/2014	Date of Injury:	03/04/2013
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 19-year-old gentleman with a date of injury of 03/04/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 01/06/2014, 03/05/2014, 05/19/2014, and 06/30/2014 indicated the worker was experiencing pain in the neck, mid-, and lower back; decreased sleep and fatigue; memory problems; and headaches. The visit note dated 05/19/2014 also noted that the worker's back pain went into the front of the stomach region. Documented examinations consistently described tenderness in the neck, between the shoulder blades, lower back, and in the area where the spine and pelvis meet. Interpretive reports of MRIs of the neck and lower back by [REDACTED] dated 01/30/2014 detailed no abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from neck pain with strain/sprain, myofasciitis, intermittent cervical and lumbar radiculopathy, mid- and lower back strain/sprain, and sleep difficulties. Treatment recommendations included consultation with a neurologist, continued oral and topical pain medications, physical therapy, and continued home exercises. A Utilization Review decision by [REDACTED] was rendered on 06/03/2014 recommending non-certification for an internal medicine consult and the laboratory studies: CBC, liver enzymes, and electrolytes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult: 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), Pain Chapter.

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: American College of Physicians website, accessed 08/18/2014 http://www.acponline.org/patients_families/about_internal_medicine.

Decision rationale: The MTUS Guidelines are silent on this issue. Internal medicine physicians are clinicians who specialize in the medical care of adults. The MTUS Guidelines generally encourage consultation with specialists when needed to improve the worker's function. An office visit note by [REDACTED] dated 05/19/2014 indicated the worker was experiencing back pain that went into the front of the stomach. The reviewed prior and subsequent documentation did not include this symptom. The documented examination described decreased back joint motion and tenderness in the neck, between the shoulder blades, the lower back, and the base of the spine where it meets the pelvis. There was no report of an abdominal examination or any other abnormal findings. This note concluded that the worker's symptoms required evaluation by an internal medicine physician, but it did not detail or discuss which symptoms or findings were of concern. In the absence of such supporting evidence, the current request for an internal medicine consult is not medically necessary.

Labs, CBC, liver enzymes, and electrolytes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific drug list and adverse effects; Carbamazepine; Occupational medicine - Elbow complaints algorithm; Occupational medicine - Shoulder complaints; Occupational medicine - Knee complaints Page(s): 70; 21; 48; 208; 331.

Decision rationale: A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. Liver enzymes, or liver function tests (LFTs), is a panel of laboratory blood tests that look closely at certain ways the liver can function. Electrolytes, or a chemistry panel, is a panel of laboratory blood tests that measure several different salts in the blood. The MTUS Guidelines encourage the monitoring of these laboratory studies when an oral non-steroidal anti-inflammatory drug (NSAID) and/or carbamazepine are prescribed as a part of pain management. A visit note by [REDACTED] on 01/06/2014 indicated the worker was prescribed an oral NSAID, but the subsequent notes dated 03/05/2014, 05/19/2014, and 06/30/2014 did not report either of these medications were part of the worker's treatment. The MTUS Guidelines also support the review of a CBC when there is a concern for joint pain caused by inflammation or infection. The submitted and reviewed documentation did not suggest either of these issues were a concern. Further, no symptoms or findings suggesting these issues were described. In the absence of such

evidence, the current request for the laboratory tests CBC, liver enzymes, or electrolytes is not medically necessary.