

Case Number:	CM14-0097193		
Date Assigned:	09/16/2014	Date of Injury:	11/26/2013
Decision Date:	11/13/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family 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 patient is a 51 year old male truck driver who sustained an industrial injury on 11/26/13. The patient reports he was sitting on the bed of the truck when the driver stopped and caused him to fall and hit his head, back and neck. He also reports losing a tooth. Cervical spine MRI dated 5/7/14 documented degenerative changes and mild bulge. Lumbar spine MRI dated 5/7/14 documented L2 level disc anterolisthesis. Review of medical records from US Health Works indicates that ROS is negative except for neck and back pain, headaches, and visual alternations. Examination narrative dated 12/4 13 from US Health Works noted medications consisting of meloxicam, Polar Frost, cyclobenzaprine, and acetaminophen. The report noted that narcotics are not prescribed. According to Utilization Review dated 5/27/14, the patient was seen on 5/7/14 at which time he complained of intermittent 4/10 neck pain with radiation. He also complained of constant 6-7/10 low back pain with radiation. Examination revealed cervical and lumbar tenderness, positive Spurling's and positive SLR. The patient was diagnosed with brachial neuritis, lumbosacral neuritis, and thoracic sprain. Request was made for Urinalysis and Lab studies CMP, CBC and RA. Laboratory evaluation was requested due to the patient's medication use and to rule out inflammatory arthritis. It should be noted that the examination narrative dated 5/7/14 has not been submitted for this review. UR dated 5/27/14 non-certified the request for urinalysis and labs (CMP, CBC, RA). The prior peer reviewer noted that the patient's medications are not documented and there was no indication in the information provided that the patient is suffering from inflammatory arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>

Decision rationale: The medical records do not establish the patient's current medications. Furthermore, while urine drug screening may be supported for patients being prescribed opioid medications, it does not appear that the patient is being prescribed opioid medications. Routine urinalysis is not supported. Therefore, Urinalysis is not medically necessary and appropriate.

Labs (CMP, CBC, RA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 69-70. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/rheumatoid/>

Decision rationale: The patient's current medications are not noted. However, there is indication that the patient has been on oral anti-inflammatory medications. According to the CA MTUS guidelines, periodic laboratory monitoring of a CBC and chemistry profile (including liver and renal function tests) is recommended for patients on anti-inflammatory medications. However, the request for laboratory studies to rule out rheumatoid arthritis is not supported. As such, the request for Labs (CMP, CBC, RA) is not medically necessary.