

Case Number:	CM14-0109287		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2012
Decision Date:	01/28/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational 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:

Injured worker is a female with date of injury 4/20/2012. Per clinical note dated 6/5/2014, the injured worker is currently on no medications. On examination, she has normal strength, normal sensation and normal reflexes. There is full range of motion of the cervical spine with no tenderness to palpation. Per pre-operative examination report by physician specializing in internal medicine dated 3/26/2014, the injured worker complains of right hand pain. Physical exam is remarkable for blood pressure 142/96, but otherwise normal. ECG and CXR are normal. Laboratory findings include normal CBC, normal PT/PTT, and normal urinalysis. The injured worker is determined to be low risk for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met,

such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There are no complaints or significant findings reported to indicate that a cervical MRI is necessary. The request for cervical MRI is determined to not be medically necessary.

Repeat EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker is not reported to have new symptoms or significant findings that may indicate a repeat EMG is necessary. The request for Repeat EMG of the bilateral upper extremities is determined to not be medically necessary.

Liver Function tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/tr6148.html>

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: National Guideline Clearinghouse, accessed at www.guideline.gov.

Decision rationale: The MTUS Guidelines do not provide recommendations regarding the use of liver function test. Per the National Guideline Clearinghouse, liver function test is indicated to evaluate for hepatocellular injury or cholestasis. The injured worker is not reported to be taking hepatotoxic medications, or have complaints or physical exam findings suggestive of hepatocellular injury or cholestasis. Medical necessity of this request has not been established. The request for liver function tests is determined to not be medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction (tests) Steps to avoid m.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section. Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is not reported to be taking opioid pain medications or other medications with concerns of abuse or addiction. The request for urine toxicology screen is determined to not be medically necessary.

Metabolic panels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.labtestsonline.org/understanding/analytes/cmp/glance.html> The Comprehensive Metabolic Panel (CMP)

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: MedlinePlus, accessed at
<http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>.

Decision rationale: The MTUS Guidelines do not provide recommendations regarding the use of metabolic panel. Per MedlinePlus, the metabolic test provides an overall picture of chemical balance and metabolism. The test is performed to determine how kidneys and liver are functioning, blood sugar, cholesterol, calcium, sodium, potassium, chloride, and protein levels. Abnormal results can be due to a variety of different medical conditions, including kidney failure, breathing problems, and diabetes-related complications. The requesting physician has not provided an indication for the metabolic panel, and there is no indication that the injured worker has a metabolic dysfunction that may require this test for evaluation. The request for metabolic panels is determined to not be medically necessary.