

Case Number:	CM15-0003234		
Date Assigned:	01/14/2015	Date of Injury:	01/19/1995
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 75 year old male who sustained a work related injury January 19, 1995. Past medical history includes hypertension, multiple sclerosis, hypothyroidism, hyperlipidemia, anxiety and insomnia. Past surgical history included bilateral total knee replacement and left ankle fracture repair. He also underwent right total knee revision and removal of painful hardware (secondary to infection) complete synovectomy and debridement and placement of a temporary antibiotic spacer, September 9, 2014. He was transferred to an extended care facility for intravenous antibiotic therapy x 6 weeks pending culture on discharge September 16, 2014. An orthopedic physician's note dated November 11, 2014 reveals the injured worker was seen doing well and off antibiotics for the last two to three weeks. According to utilization review performed December 16, 2014, the request for follow-up with Pain Management Specialist for the low back was authorized. The request for Outpatient Lab work, twice a year to include; CBC (complete blood count) Chemistry Panel, TSH (thyroid-stimulating hormone), UA (urinalysis) and UDS (urine drug screen) are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lab work twice a year to include: CBC, Chem Panel, TSH, UA and UDS:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Pain, Urine Drug Testing UpToDate: Preoperative medical evaluation of the healthy patient UpToDate: Laboratory assessment of thyroid function

Decision rationale: Complete blood count is a blood test that gives information on hemoglobin, white blood cells, and platelets. Anemia is present in approximately 1 percent of asymptomatic patients. The frequency of significant unsuspected white blood cell or platelet abnormalities is low. Chem panel is a blood test that measures renal function, blood glucose, and electrolytes. Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). The frequency of glucose abnormalities increases with age; almost 25 percent of patients over age 60 had an abnormal value in one report. Urinalysis is indicated when screening for urinary tract infection in symptomatic patients and for screening for renal disease. Serum thyroid-stimulating hormone (TSH) concentration is used to assess thyroid function. In this case the patient has no symptoms of anemia, renal disease, electrolyte imbalance, or thyroid disease. The patient does suffer from diabetes. Monitoring of known diabetes is more appropriately done with regular fingerstick blood glucoses and Hemoglobin A1c. Documentation in the medical record does not support twice yearly routine testing of CBC, Chem panel, U/A, or TSH. The request should not be authorized. Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient is not exhibiting addiction/aberrant behavior. Annual urine drug testing is indicated. The request should not be authorized.