

Case Number:	CM15-0006044		
Date Assigned:	01/20/2015	Date of Injury:	11/12/2009
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 64 year old male, who sustained a cumulative trauma industrial injury from 11/12/2008-11/12/2010. The diagnoses have included sleep disorder, constipation, and gastroesophageal reflux disease. Treatments to date have included medications. No diagnostic studies noted in received medical records. In a progress note dated 11/05/2014, the injured worker presented with complaints of mild bloating, improved abdominal pains, and improved acid reflux with medications. The treating physician reported that diagnostic studies were ordered and will outline further treatment recommendations. Utilization Review determination on 12/15/2014 non-certified the request for Retroactive GI (Gastrointestinal) Profile Labs citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective GI profile labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels.

<http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 03/14/2015.
Zehnder JF, et al. Clinical use of coagulation tests. Topic 1368, version 27.0. UpToDate
accessed 11/26/2014.

Decision rationale: A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, blood cholesterol levels, kidney function, and liver function. Coagulation laboratory blood tests, such as PT and PTT, are blood tests that look at liver function. The submitted and reviewed documentation reported the worker was suffering from high blood pressure, a history of stomach cancer, constipation, GERD, sleep problems, cervical disk syndrome, bilateral rotator cuff syndrome, upper and lower extremity radiculopathy, and lumbar disc syndrome. There was no discussion describing special circumstances that sufficiently supported this request. Further, no specific laboratory tests were noted in the request. For these reasons, the current request for a GI profile of laboratory tests for a prior date of service is not medically necessary.