

Case Number:	CM15-0104811		
Date Assigned:	06/09/2015	Date of Injury:	09/28/2011
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female, who sustained an industrial injury on 9/28/2011. The mechanism of injury was not detailed and medical records also reference an injury date of 10/16/2006, due to cumulative trauma. The injured worker was diagnosed as having possible bilateral carpal tunnel syndrome, resolving right shoulder pain, left shoulder sprain/strain with mild impingement, bilateral elbow sprain/strain and epicondylitis, and possible cervical discogenic pain. Treatment to date has included diagnostics, multiple orthopedic surgeries, physical therapy, various injections, chiropractic, and medications. Currently (5/04/2015), the injured worker complains of bilateral wrist and hand pain, with radiation to both elbow (right greater than left), improved neck pain status post bilateral C2-3 and C5-6 cervical facet medial nerve radiofrequency on 3/18/2014, improved right shoulder pain with right shoulder procedure on 2/18/2014, and right elbow surgery on 12/18/2014. The treatment plan included laboratory testing including CBC (complete blood count), SMA 20 (liver and renal), and urine for compliance. The CBC and SMA 20 were documented as recommended by a Utilization Review physician in a report dated 3/10/2015. This report was not noted. Her work status was total temporary disability. Urine toxicology (5/04/2015) was referenced as consistent with prescribed medications. Her current medication regime was not noted. Prior laboratory testing, pre-operative or otherwise, was not referenced as abnormal.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC SMA 20 (liver and renal): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Part A, LMRP CBC-blood counts Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org>.

Decision rationale: CBC, SMA 20 is recommended in case of suspicion of renal or liver issues. There is no documentation that the patient is suffering or at risk of developing liver, renal or hematological abnormalities. Therefore, the request is not medically necessary.

Urinalysis: 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), low back-lumbar and thoracic (acute and chronic) Medicare Part A, LMRP, comprehensive metabolic panel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, steps to avoid misuse/addiction Page(s): 77-78. 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urinalysis is not medically necessary.