

Case Number:	CM15-0132542		
Date Assigned:	07/24/2015	Date of Injury:	09/22/2014
Decision Date:	10/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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 39 year old male, who sustained an industrial injury on September 22, 2014. He reported a headache, neck and low back pain. Treatment to date has included physical therapy, neurological consult, x-rays, MRI, head CT scan, laboratory tests, medication and exercise program. Currently, the injured worker complains of neck pain and headaches. The pain is described as constant, aching, sharp and moderate to severe. The pain is exacerbated by activity, head movement, pulling and pushing. He reports mid back pain accompanied with numbness. The pain is described as constant, aching and severe. The pain is aggravated by movement, activity, bending, prolonged sitting and standing, turning twisting and walking. He also reports low back pain that is constant and radiates down the right leg and to both of his ankles. The pain is accompanied by numbness in the right leg to his knee and buttock and right ankle tingling. The pain is exacerbated by activity, bending, prolonged sitting and standing, turning, twisting, walking, driving and lifting. He reports he experiences a decreased range of motion due to the pain and rates it at 6 on 10 with medication and 9 on 10 without it. He reports a moderate to severe sleep disturbance due to the pain. The injured worker is diagnosed with cephalgia and post concussive symptoms, cervical spine sprain-strain with myofascitis, lumbar spine radiculitis, lumbar spine sprain-strain and lumbar spine with disc protrusion. His work status is temporary total disability. A note dated June 8, 2015 states the injured worker is experiencing improvement in symptoms from physical therapy. A note dated June 26, 2015 states the injured worker is experiencing difficulty engaging in activities of daily living due to the pain. The note also states the injured worker completed physical therapy, but remains

symptomatic. The following laboratory tests: CBC, CMP, Lipid profile, Free T4, TSH, ESR, 25-OH-Vitamin D are requested to monitor for possible adverse effects from medication as the injured worker has been taking some of them for greater than 2-3 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete blood count (CBC). MedlinePlus Medical Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>. Accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. The submitted and reviewed documentation indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. These records reported the worker was taking two different medications in the non-steroidal anti-inflammatory class. This combination can increase the risk of bleeding and other gastrointestinal complications. There was no discussion describing special circumstances that sufficiently supported this type of treatment or alternate reason this test was requested. In the absence of such evidence, the current request for a complete blood count is not medically necessary.

Labs: CMP: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and liver function. The submitted and reviewed documentation indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. The worker was taking medications that require occasional monitoring with this test to maintain safety. In light of this supportive evidence, the current request for a comprehensive metabolic panel is medically necessary.

Labs: Lipid Profile: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vijan S, et al. Screening for lipid disorders. Topic 45531, version 24.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical setting. A lipid profile is a panel of laboratory blood tests that look closely at the components of cholesterol in the blood. It is used as a screening test for those at increased risk for heart and blood vessel conditions who might benefit from a certain type of treatment. Some of those at increased risk include people with an older age, high blood pressure, a significant smoking history, diabetes, or close relatives who had clogged heart blood vessels at an early age. The submitted documentation indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. There was no discussion reporting the worker had an increased risk for heart or blood vessel conditions that would benefit from treatment to lower lipid levels in the blood, detailing findings suggesting such a condition, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for laboratory blood testing with a lipid profile is not medically necessary.

Labs: Free T4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, et al. Laboratory assessment of thyroid function. Topic 7891, version 20.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports screening those at increased risk for thyroid disease with a thyroid stimulating hormone (TSH) blood level. If this level is high, the free thyroxine (T4) level is then checked. If this level is low, the free thyroxine (T4) and triiodothyronine (T3) levels are then checked. The TSH is also used to monitor the treatment of an underactive thyroid with medication. The submitted and reviewed records indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. There was no discussion suggesting the reason this blood test was necessary, reporting signs or symptoms suggesting a problem that would be shown with this blood test, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for free thyroxine (T4) blood testing is not medically necessary.

Labs: TSH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ross DS, et al. Laboratory assessment of thyroid function. Topic 7891, version 20.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports screening those at increased risk for thyroid disease with a thyroid stimulating hormone (TSH) blood level. If this level is high, the free thyroxine (T4) level is then checked. If this level is low, the free thyroxine (T4) and triiodothyronine (T3) levels are then checked. The TSH is also used to monitor the treatment of an underactive thyroid with medication. The submitted and reviewed records indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. There was no discussion suggesting the reason this blood test was necessary, reporting signs or symptoms suggesting a problem that would be shown with this blood test, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thyroid stimulating hormone (TSH) blood testing is not medically necessary.

Labs: ESR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kushner I, et al. Acute phase reactants. Topic 7483, version 17.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The erythrocyte sedimentation rate (ESR) is a non-specific blood test that looks at any swelling, infection, or inflammation in the body. However, certain on-going diseases can also increase this test. The submitted and reviewed records indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. There was no discussion suggesting the reason this blood test was necessary in this setting, reporting signs or symptoms suggesting a problem that would be shown with this test, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an erythrocyte sedimentation rate (ESR) is not medically necessary.

Labs: 25-OH-Vitamin D: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D fact sheet for health professionals. NIH, Office of Dietary Supplements, <http://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional>, accessed 09/16/2015.

Decision rationale: The MTUS Guidelines are silent on the issue of testing for the various vitamin D levels. Vitamin D helps absorb calcium from the gut into the blood and maintains an important balance in the blood between the levels of calcium and phosphate. These roles are primarily important for healthy bone growth and normal bone remodeling. There are several different blood tests available to test for the vitamin D level, and the 25-hydroxy-vitamin D level is a good marker for the status of vitamin D in the body. The submitted and reviewed documentation indicated the worker was experiencing neck pain, headaches, and lower back pain with stiffness. The submitted and reviewed documentation did not indicate a reason this blood

test was needed. Guidelines do not recommend routine monitoring of this level as a part of the worker's reported conditions or during therapy with the documented medications. In the absence of such evidence, the current request for testing the 25(OH)-vitamin D level is not medically necessary.