MAXIMUS Federal Services

Case Number:	CM15-0138280		
Date Assigned:	07/31/2015	Date of Injury:	04/06/2015
Decision Date:	10/05/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 4-6-15 from a 110 volt line. There was no loss of consciousness. There were no external burns. The injured worker has complaints of severe headaches, nausea and vertigo with reported episodes of dehydration due to same. The injured worker has depression and anxiety and feels angry frustrated and emotional upset. The diagnoses have included adjustment disorder mixed with anxiety and depressed mood. Treatment to date has included Zofran; acetaminophen; nabumetone; orphenadrine citrate ER; physical therapy and lab work. The request was for urine drug screening; labs for complete blood count, creatinine, liver panel, kidney function, troponin and a 12 lead electrocardiogram. This individual has had a series of multiple lab tests and EKGs. On 4/6/15 extensive lab tests that include all of the tests below were performed and were all normal. On 4/28/15 a lab test was reported to show an elevated creatinine, however on 5/9/15 another extensive lab test panel and EKG was repeated and reported to be normal with the exception of a low creatinine. The results or the prior testing is not reviewed by the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/18174009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30, Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine drug screens.

Decision rationale: Guidelines only support urine drug screening in the setting of opioid use. There is no documentation of long-term opioid use of substances abuse. If the testing is for suspected substance misuse, this has not been documented in the records and per Guideline standards there is a minimum level of evaluation necessary to justify requested diagnostic testing and a diagnosis. Guideline standards for urine drug screening have not been met and there are no unusual circumstances to justify an exception to Guidelines. The urine drug screening is not medically necessary.

CBC lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/9451188.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30.

Decision rationale: The MTUS Guidelines have specific standards to justify diagnostic testing and to establish a diagnosis. These standards have not been met. This individual has had a least 2 normal CBC tests since the injury and the results were normal as expected. The requesting physician does not review these results and provides no medical history or exam results that would justify repeating the testing. The request for the repeat Lab: CBC is not supported by Guidelines and is not medically necessary.

Lab: Creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/3285786.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30.

Decision rationale: MTUS Guidelines have specific standards of medical evaluation to justify medical testing and diagnosis. These standards have not been met. Prior tests have concluded that there was an elevated creatinine, but a repeat test revealed a low creatinine just a few days later. The requesting physician does not review these facts and orders a redundant test for creatinine when this would be included in the requested test for kidney function. The request for

the Lab: Creatinine is redundant and its medical necessity is not consistent with Guidelines. The test is not medically necessary.

Lab: Liver panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/12134466.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30.

Decision rationale: MTUS Guidelines have specific standards that should be met to justify medical testing and diagnostic labeling. These standards have not been met to support this request. There have been 2 recent prior tests for liver functioning and both of these panels were essentially normal with no concern for liver dysfunction. There is no documentation that the prior tests were ever reviewed by the requesting physician and there is no medical documentation that supports repeating the liver function tests. The repeat lab: liver function is not medically necessary.

Lab: Kidney function: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15755462.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30.

Decision rationale: MTUS Guidelines support appropriate medical testing and diagnosis only if certain standards of medical evaluation are met. The requesting physician does not meet these standards as there is no review of all of the prior testing. However, given that one set of tests revealed a high creatinine and a repeat set of tests a few days later revealed a low creatinine, repeat testing of renal function is medically indicated. It appears that the results may be spurious, but repeat testing of renal function beyond a simple creatinine is medically necessary under these circumstances. The Lab: Kidney function is medically necessary.

Lab: Tronopin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/23075777.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/770179-clinical#b4.

Decision rationale: MTUS Guidelines have minimal standards to support medical testing and diagnostic labeling. These standards have not been met in relation to this request. The individual has had Tronopin levels tested twice and both times were normal. This was tested soon after the injury and repeated about 2 weeks later. If the electric injury would have caused chest for cardiac injury this would have been elevated at the time of testing and delayed for 5 months. The requesting physician provides no rationale for repeat testing of Tronopin and does not review the prior test results. Under these circumstances, the Lab Tronopin is not supported by Guidelines and is not medically necessary.

12 lead EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/11533927.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-30. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/770179-clinical#b4.

Decision rationale: MTUS Guidelines have minimal standards to support medical testing and diagnostic labeling. These standards have not been met in relation to this request. The individual has had EKG testing twice and both times were normal. This was tested soon after the injury and repeated about 2 weeks later. If the electric injury would have caused chest for cardiac injury this would have been abnormal at the time of testing and not delayed for 5 months. The requesting physician provides no rationale for repeat EKG testing and does not review the prior test results. Under these circumstances, the repeat EKG is not supported by Guidelines and is not medically necessary.