

Case Number:	CM15-0143135		
Date Assigned:	08/04/2015	Date of Injury:	07/25/2006
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 7-25-06 Initial complaints were of a fall incident with the right leg hyperextended; left hand-arm; right hip; right knee and left shoulder pain. The injured worker was diagnosed as having gastroesophageal reflux (GERD); gastritis (secondary to NSAIDS); Irritable Bowel Syndrome (IBS); Hemorrhoids secondary to constipation; status post H. Pylori treatment; hypertension (triggered -controlled with diet and beta blockers); hyperlipidemia; Obstructive sleep apnea; diabetes mellitus; depression. Diagnostic studies included MRI of the lumbar spine (5-19-15); EMG/NCV study bilateral upper extremities (5-12015). Treatment to date has included status post anterior cervical discectomy fusion C5-C6 (12-2013); status post L4-L5 and L5-S1 left microdiscectomy; status post left shoulder arthroscopy; physical therapy; medications. Currently, the PR-2 notes dated 4-30-15 indicated the injured worker present for an evaluation. She reports improved hemorrhoids, improved gastritis and improved irritable bowel syndrome and gastroesophageal reflux (GERD) as well as hypertension improving. She has ongoing poor sleep quality as well as neck pain 4 over 10 rating and low back pain rated at 8 over 10 with bilateral lower leg sciatic complaints. She reports depression and complains of chest pain. She has a surgical history for status post lumbar spine surgery on 2-20-12 and status post cervical spine laminectomy on 12-20-13. On this day the provider reports her blood pressure as 138 over 95mmHg. Her lungs are clear to auscultation with no rales or wheezes appreciated and no dullness to percussion. She has a regular rate and rhythm S1 and S2 and no rubs or gallops appreciated. The abdominal examination notes obesity and +2 tenderness of the epigastric region. She has right upper quadrant tenderness and distension. The provider documents no other significant findings on the physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI profile (TSH, AML, LIPS, CMPR, HPYA, CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, amylase, lipase.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The requested lab panel includes an amylase and lipase. The up-to date guidelines states these lab values are indicated to evaluate pancreatic function and disease. The provided medical records show no indication of pancreatic dysfunction or disease and therefore the request is not medically necessary.

DM profile (URCA, GLYH, CMPR, CBC, LIPR, UMAR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The requested lab panel includes nonstandard abbreviations. The ODG chapter on diabetes does state that routine blood work is a part of the management of diabetes. The patient does have a diagnosis of diabetes. However, with no clear indication in the medical records of what the non-standard abbreviations stand for, the request is not medically necessary.

HTN profile (Urine Microalbumin, CMPR, CBC with diff, TSH, T3, T4, Lipid CMP, CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation ODG, Diabetes screening, Hypertension screening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, TSH, T4, T3.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The requested lab panel includes a thyroid profile. The up-to date guidelines state that a thyroid profile is indicated in the evaluation of thyroid disease and function. The provided medical records show no indication of thyroid disease and therefore the request is not medically necessary.