

Case Number:	CM15-0143645		
Date Assigned:	08/04/2015	Date of Injury:	03/22/2006
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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 45 year old female who sustained an industrial injury on 3-22-06. In a progress note dated 6-30-15, the physician reports complaints of pain in the left hip, right hand, right knee and low back. In the last two years, imaging studies are noted to include a plain x-ray and an MRI-of which part of the body is not noted. Pain is rated at 10 out of 10 without medication and 5 out of 10 with medication. Lumbar range of motion is painful and abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right and left lateral flexion, and 10 degrees of right and left rotation. Patrick test and reverse Thomas test are positive on the left and right. Dermatomes at S1 and S2 are abnormal. The assessment is spinal cord injury, shoulder pain-right, sacral fracture, osteoarthritis of knee, chronic prescription opiate use, and screening mammogram for high risk. The medical history notes hypothyroidism and Celiac disease. Current medications are Synthroid, Senna, Lorazepam, Norco, and Trazadone HCL. Previous treatment noted includes a spinal cord stimulator, 9-23-14, wheelchair, scooter, medications, surgery, epidural steroid injections, physical therapy, and urine drug testing. Work status is noted as permanent and stationary. The treatment plan is to refill Norco and Trazadone, start Topamax, x-ray right shoulder, and labs; CBC, Sedimentation rate, comprehensive metabolic panel (14), liver function test, Hemoglobin A1c, TSH. It is noted that blood work is ordered due to the injured worker taking medication with Tylenol and they want to monitor. A pending lumbar x-ray is noted. The requested treatment is a lumbar complete xray and lab work: TSH, liver function test, hemoglobin A1c, complete metabolic panel (14), CBC and sedimentation rate-Westergren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar complete x-ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints states: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The provided medical records for review do not show evidence of serious spinal pathology or red flags. Therefore, the request is not medically necessary.

Lab work: TSH, liver function test, hemoglobin A1C, complete metabolic panel (14), CBC, and sedimentation rate-Westergren: 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 Official Disability Guidelines (ODG) diabetes.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG chapter on diabetes states hemoglobin A1C is recommended in the standard management of diabetes. The included blood work request is for a hemoglobin A1C. The patient does not have a diagnosis of diabetes or glucose intolerance as a result of industrial incident. Therefore the request is not medically necessary.