

Case Number:	CM15-0169832		
Date Assigned:	09/16/2015	Date of Injury:	05/13/2002
Decision Date:	10/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 male who sustained an industrial injury on 05-13-2002. Current diagnoses include pain in joint of shoulder, cervicobrachial syndrome, chronic pain syndrome, and low back pain. Report dated 08-17-2015 noted that the injured worker presented with complaints that included neck pain, upper back pain, mid back pain, low back pain, right elbow pain, right forearm pain, right and left thigh pain, and right and left shin pain. Other complaints included radiating pain in both legs and left arm, headache, joint pain, muscle aches, and large mood swing. Pain level was 7 (current), 6-8 (without medications), and 4 (with medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-17-2015 revealed tenderness in the low back and cervical paraspinal muscles, motor testing was limited by pain, and decreased sensation in the left upper extremity. Previous treatments included medications, HELP program, home exercises, ice and heat, pool and spa. The treatment plan included requests for continued medications, requests for routine lab work to evaluate end-organ function, as he may be affected by both medications, and this may affect the therapy of the interpreted value of these medications, continue home exercise program, and follow up in 4-6 weeks. The injured worker is currently working. Request for authorization dated 08-19-2015, included requests for Norco, Cymbalta, Lyrica, Trazodone, and routine labs to evaluate end-organ function. The utilization review dated 08-24-2015, non-certified the request for routine labs to evaluate organ function that include CMP (comprehensive metabolic panel), vitamin D, testosterone, TSH (thyroid stimulating hormone), hemoglobin A1C, and CBC (complete blood count).

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory study: CMP (comprehensive metabolic panel): 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) Lab testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. This patient has not been documented to have chronic medical diseases, which would affect their hepatic or renal function. The patient has chronic pain syndrome which is currently being managed with chronic opiate therapy. There is no documentation as to whether the patient has received prior metabolic evaluation or the results of prior testing. The patient's physical exam does report that he exhibits signs or symptoms of edema or metabolic toxicity. Further documentation of prior studies and workup is necessary prior to lab testing. Therefore, based on the submitted medical documentation, the request for CMP testing is not-medically necessary.

Laboratory study: Vitamin D: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Vitamin D, 25-Hydroxy testing for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of acute microcytic anemia indicative of worsening chronic kidney disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has been documented to be in good health without complaints at the time of physical exam. The medical records indicate that has no new signs or symptoms indicative of renal disease the patient does not have a history of severe chronic kidney disease with the need for erythropoietin injections. The medical records also indicate that he has not suffered from skin conditions or excessive tiredness, which would

indicate a vitamin D deficiency. Therefore, based on the submitted medical documentation, the request for Vitamin D, 25-Hydroxy testing is not-medically necessary.

Laboratory study: Testosterone: Upheld

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): Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testosterone testing for this patient. The California MTUS guidelines address the issue of routine testosterone testing by stating that Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. The medical records reflect that this patient has been on chronic opioid therapy. However, there is no documentation as to whether the patient has received prior endocrine evaluation or the results of prior testing. The patient's physical exam does report that he exhibits signs or symptoms of hypogonadism. Further documentation of prior studies and workup is necessary prior to lab testing. Therefore, based on the submitted medical documentation, the request for testosterone testing is not medically necessary.

Laboratory study: TSH (thyroid stimulating hormone): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a TSH test for this patient. The clinical records submitted do not support the fact that this patient has signs or symptoms of thyroid disease. The California MTUS guidelines address the issue of routine lab testing by stating that physicians should: avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. This patient has a diagnosis of chronic pain syndrome. On his most recent clinical encounter he was not documented to have had any evidence of exophthalmos or tremors at the time of physical exam. The medical records indicate that he has no other signs or symptoms indicative of thyroid disease. Routine thyroid screening is not indicated without provocation. Therefore, based on the submitted medical documentation, the request for TSH testing is not-medically necessary.

Laboratory study: Hemoglobin A1C: 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, Glucose Monitoring.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Hemoglobin A1C test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of A1C testing. The Occupational Disability Guidelines (ODG) state that glucose monitoring is: Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy. Hemoglobin A1C testing is a method of glucose monitoring to assess long term glycemic control. There is no documentation as to whether the patient has received prior A1C evaluation or the results of prior testing. The patient's physical exam does report that he exhibits signs or symptoms of uncontrolled hyperglycemia. Further documentation of prior studies and workup is necessary prior to lab testing. Therefore, based on the submitted medical documentation, the request for Hemoglobin A1C test is not-medically necessary.

Laboratory study: CBC (complete blood count): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a shotgun attempt to clarify reasons for unexplained shoulder complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient's symptoms are attributed to chronic pain syndrome secondary to his remote industrial injury. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.