

Case Number:	CM15-0186944		
Date Assigned:	09/28/2015	Date of Injury:	08/03/2002
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on 8-03-2002. The injured worker was diagnosed as having temporomandibular joint disorder, not otherwise specified, cervicobrachial syndrome, and backache. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, "various holistic healing workshops", and medications. Currently (8-25-2015), the injured worker complains of chronic neck, shoulder, back, head, and temporomandibular joint pain. Pain was rated 2 out of 10 (3 out of 10 on 7-14-2015). She worked 7 hours per day, 5 days per week. Current medications included Abilify, Cyclo-benzaprine, Metalaxone, Allegra D, and Sertraline. She denied side effects from her medications. It was documented by the treating physician that she had a history of elevated liver function tests (report not included) and she was unable to tolerate a home exercise program due to flares. A prior progress report (6-02-2015) noted that it was greater than one year since she was weaned from nonsteroidal anti-inflammatory drugs, noting consideration for varying medical treatments for pain and spasms. She reported that she had not gotten a comprehensive metabolic panel because she was unsure if it was approved. She also carried a diagnosis of major depressive disorder, "that has been a serious contributor to her experience of pain". Physical exam noted her appearance as well developed and well nourished, and in no distress. She ambulated without a device and her gait was normal. An abdominal exam was not noted. Her skin tone was not described. The treatment plan included a comprehensive metabolic panel, non-certified by Utilization Review on 9-09-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcarecompliance.info/cmp.htm> (last accessed 09/08/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, comprehensive metabolic profile is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are temporomandibular joint disorders NOS; cervical brachial syndrome; backache NOS; major depressive disorder, recurrent in partial remission; and depressive disorder NEC. Date of injury is August 3, 2002. Request for authorization is September 9, 2015. According to a progress note dated August 25, 2015, subjective complaints include chronic neck, shoulder, back, head and TMJ pain. The documentation states there was a previous history of elevated LFTs. There is no date indicating when liver function testing was last performed. There was no hard copy of liver function testing in the medical record. The treating provider indicates the injured worker has not received a CMP (comprehensive metabolic profile). Objectively, the injured worker ambulates with a normal gait. There were no other musculoskeletal findings documented in the record. There is no clinical indication or rationale for a comprehensive metabolic profile when liver function testing is clinically indicated. A comprehensive metabolic profile is used in the diagnosis and management of various disease states. The request should contain specific stated tests and clinical indication should reflect the specific testing ordered. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for a comprehensive metabolic profile with a nonspecific history (without dates) of previously elevated LFTs, comprehensive metabolic profile is not medically necessary.