

Case Number:	CM15-0194247		
Date Assigned:	10/08/2015	Date of Injury:	04/11/2008
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 27 year old female, who sustained an industrial injury on 04-11-2008. The injured worker is currently off work and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for coccydynia, coccygectomy, lumbar disc protrusion with bilateral lower extremity radiculopathy, lumbar facet joint syndrome, and T11-12 disc collapse. Treatment and diagnostics to date has included cervical spine MRI, thoracic spine MRI, lumbar spine MRI, right hip MRI, electrodiagnostic studies, lumbar epidural steroid injection, facet joint injection, and medications. Current medications include Gabapentin, Anaprox DS, topical analgesic cream, Lidoderm patches, Celexa, Norco, Ultracet, Nucynta, Phentermine, Prevacid, Reglan, Soma, Valium, and Zantac. After review of progress notes dated 07-16-2015 and 09-02-2015, the injured worker reported low back pain. Objective findings included decreased and guarded lumbar spine range of motion and positive straight leg raise test bilaterally. The Utilization Review with a decision date of 09-16-2015 non-certified the request for Adrenocorticotrophic Hormone Stimulation blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adrenocorticotrophic Hormone Stimulation blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Pituitary, third edition, 2011, pages 359-360 - Assessment of Pituitary Function - ACTH stimulation testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com ACTH stimulation tests.

Decision rationale: The MTUS and ODG are silent on ACTH stimulation testing. The current indications for testing is "Dynamic testing is performed to establish the diagnosis in patients with equivocal serum cortisol values in whom hypoadrenalism is suspected. With simultaneous measurement of the plasma ACTH, these tests can also distinguish between primary and secondary or tertiary adrenal insufficiency. Distinction between hypothalamic and pituitary causes of hypoadrenalism is made by assessing the response to corticotropin-releasing hormone (CRH)." The medical records fail to demonstrate any evidence of hypoadrenalism necessitating testing. As such, the request for Adrenocorticotropic Hormone Stimulation blood work is not medically necessary.