

Case Number:	CM15-0217342		
Date Assigned:	11/09/2015	Date of Injury:	12/07/2009
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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, 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 57 year old male, who sustained an industrial injury on 12-7-2009. Diagnoses include lumbar disc bulge, facet arthropathy, status post lumbar fusion and status post hardware removal. He also has a history of diagnoses including lupus, diabetes, blood transfusions and hepatitis. Treatments to date include activity modification, back brace, medication therapy, chiropractic therapy, sacroiliac joint injections, and epidural steroid injection. On 9-23-15, he complained of ongoing low back pain and stiffness with radiation to left lower extremity. The physical examination documented tenderness over lumbar facets, decreased range of motion, positive straight leg raise test and positive FABER, Gaenslen's maneuver, and facet loading. The plan of care included ongoing medication treatment including Methadone. He was re-evaluated on 10-21-15, with no documented changes in the subjective or objective findings. The plan of care included ongoing treatment with Methadone. The appeal requested

IMR ISSUES, DECISIONS AND RATIONALES

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

TSH, testosterone free and total AM, HgA1c: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Agency for Healthcare Research and Quality, Testosterone Screening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality.

Decision rationale: The patient is a 57 year-old male with chronic low back pain. The request is for a TSH, testosterone (free & total) and HgbA1c. MTUS and ODG do not specifically address screening laboratory guidelines, except in cases associated with the prescription of NSAIDs. Given the large amounts of opioids taken by the patient, a periodic CBC, CMP and UA are reasonable. However, the request for TSH & testosterone levels are not reasonable given the lack of symptoms documented related to hypogonadism and thyroid disorder. The HgbA1c test is used to monitor diabetes control and is not related to the industrial injury resulting in chronic low back pain. Therefore, the request of TSH, testosterone and HgbA1c are not medically necessary or appropriate.