

Case Number:	CM15-0033577		
Date Assigned:	02/27/2015	Date of Injury:	06/20/2014
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, California
 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:

This is a 47 year old male patient, who sustained an industrial injury on 6/20/2014. The diagnoses have included left Achilles tendonitis, left plantaris tendon tear with history of hematoma. He sustained the injury while pushing a crate up a ramp, he slipped and twisted his left ankle. Per the doctor's note dated 2/19/2015, he had complains of limited use of the leg with pain in the ankle, right wrist and shoulder with numbness and tingling from use of a cane to ambulate. Physical examination revealed gross weakness in left lower extremity, poor balance, tenderness, hypoesthesia of the thigh and lumbosacral and sacroiliac tenderness with palpation. The doctor's note dated 2/2/15 was not fully legible. Per the note dated 2/2/15, patient had left calf pain. Physical examination revealed left calf- tender to touch, discolouration and redness, 4/5 strength in left lower extremity. The medications list includes etodolac, orphenadrine, tramadol and topical creams. He has had Magnetic Resonance Imaging (MRI) of left tibia-fibula dated 12/20/14 which revealed chronic residual organized hematoma related to prior plantaris tendon myotendinous injury. He has had physical therapy and activity modification, including use of crutches for this injury. The plan of care included neurology follow up, orthopedic consultation, electromyogram of bilateral lower extremities and laboratory evaluations. On 2/9/2015 Utilization Review non-certified laboratory evaluation including serum Methyl Malonic Acid, B12, Folic Acid, Vitamin D, Complete Blood Count (CBC), Master Chemistry Panel, ANA, RPR, Thyroid Stimulating Hormone (TSH), and fasting Lipid Panel, noting the MTUS, ACOEM, or ODG Guidelines no not specifically address the request. There were Non-MTUS guidelines cited. On 2/23/2015, the injured worker submitted an application for IMR for

review of laboratory evaluation including serum Methyl Malonic Acid, B12, Folic Acid, Vitamin D, Complete Blood Count (CBC), Master Chemistry Panel, ANA, RPR, Thyroid Stimulating Hormone (TSH), and fasting Lipid Panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Tests: Serum Methyl Malonic Acid, B12, Folic Acid & Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/books/NBK1231/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/01/15) B vitamins & vitamin B complex Vitamin D (cholecalciferol).

Decision rationale: Blood Tests: Serum Methyl Malonic Acid, B12, Folic Acid & Vitamin D Per the cited guidelines regarding vitamin B12, folic acid. "There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) - pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) - megaloblastic anemia; (8) vitamin B12 (various cobalamins) - pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition." Per the cited guidelines regarding vitamin D "Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors." Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal and involves many areas of tenderness to palpation - should consider checking vitamin D level." In addition per the cited guidelines. Clinical signs and symptoms of deficiency of these vitamins are not specified in the records provided. The rationale for multiple blood tests including Serum Methyl Malonic Acid, B12, Folic Acid & Vitamin D is not specified in the records provided. The medical necessity of Blood Tests including Serum Methyl Malonic Acid, B12, Folic Acid & Vitamin D is not fully established for this patient.

Blood Tests: CBC, MasterChem, ANA, RPR, ESR, TSH, Lipid Panel (Fasting): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Request: Blood Tests: CBC, MasterChem, ANA, RPR, ESR, TSH, Lipid Panel (Fasting) Per the cited guidelines regarding routine blood tests "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established."The rationale for multiple blood tests including CBC, MasterChem, ANA, RPR, ESR, TSH, Lipid Panel (Fasting) is not specified in the records provided. Evidence of chronic illness, history of weight gain, autoimmune disease or cardiac symptoms that would require multiple blood tests is not specified in the records provided. The medical necessity of Blood Tests: CBC, MasterChem, ANA, RPR, ESR, TSH, Lipid Panel (Fasting) is not fully established for this patient.