

Case Number:	CM15-0086858		
Date Assigned:	05/11/2015	Date of Injury:	08/19/1996
Decision Date:	06/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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 59 year old female who sustained a work related injury August 19, 1996. According to a treating physician's progress report, dated March 4, 2015, the injured worker presented with generalized neck and low back pain associated with cognitive dysfunction, symptoms of irritable bowel syndrome, profound fatigue and headaches. She is also complaining of inability to turn her head, with paresthesias of the upper extremities, especially the hands. Assessment is documented as fibromyalgia, degenerative disc disease, unspecified; hyperalgesia; anemia; hormone imbalance; depression. Treatment plan included request for a set of labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of labs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one set of labs is not medically necessary. Thorough history taking is there 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 not simply for screening purposes. In this case, the injured worker's working diagnoses are fibromyalgia; degenerative disc disease; hyperalgesia; encounter for long-term use of other medications; vitamin D deficiency; anemia; hyperhomocystinemia; hyperlipidemia; fatigue; hormone imbalance; impaired fasting glucose; disorder bone and cartilage; depression; cognitive dysfunction; irritable bowel syndrome; and chronic headaches. The laboratory tests total 51 in number. The specific tests (51) are enumerated in a progress note dated March 4, 2015 on pages 20-21/64. The documentation in the medical record shows the injured worker had a set of labs performed June 16, 2014. The documentation shows the injured worker had a repeat set January 29, 2015. The documentation does not contain any documentation indicating a progressive change in the patient's symptoms or clinical signs indicating additional lab work is clinically indicated. Additionally, the clinical indication for many of these tests is unclear based on the medical record documentation. In 1996 the injured worker complained of low back pain. Overall, based on the requested laboratory testing, there is no clinical indication and rationale for these laboratory tests. Consequently, absent clinical documentation with a clinical indication and rationale to repeat laboratory tests that were performed in January 2015 and a clinical rationale/indication for many of the laboratory tests requested, one set of labs is not medically necessary.