MAXIMUS Federal Services

Case Number:	CM15-0235523		
Date Assigned:	12/11/2015	Date of Injury:	05/16/2006
Decision Date:	01/19/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/02/2015

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: 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 41 year old male who sustained an industrial injury on 05-16-2006. According to a progress report dated 10-14-2015, the injured worker reported constant neck pain. The pain radiated to the bilateral upper extremities with associated stiffness in the cervical spine. He also reported constant low back pain with associated sharp pain in the bilateral lower extremities. He reported numbness and tingling sensation in the bilateral feet when taking deep breaths and flexing, constant cramping in the right leg, discoloration in the bilateral lower extremities, anxiety and depression and heartburn. He reported irregular bowel movement and constipation. Current medications included Norco, Ibuprofen, Omeprazole and Senna. He was also on Coumadin for deep vein thrombosis. Diagnoses included status post anterior posterior fusion at L4-L5 and L5-S1, pseudoarthrosis, bowel incontinence, sexual dysfunction, cervical spine sprain strain with upper extremity radiculitis, anxiety and depression, neuropathic pain of the bilateral lower extremities, chronic back pain, right greater than left sacroiliitis, chronic pain syndrome, facet arthropathy at L4-L5 and L5-S1 bilaterally, myofascial spasm at L5 and muscle pain, bilateral lower extremity deep vein thrombosis status post umbrella filter, right knee medial and lateral meniscus tear, right anterior cruciate ligament sprain and mild chronic L3-L4 radiculopathy right greater than left. The treatment plan included physical therapy, Norco, Motrin and Prilosec and laboratory testing including basic metabolic panel, liver function tests, ESR, CRP, vitamin D and vitamin B12 and a urine drug test. Work status was deferred to the primary treating physician. On 11-06-2015, Utilization Review non-certified the request for ESR

test, CRP test, vitamin D test, vitamin B12 and final confirmation of urine drug screen results. The request for basic metabolic pain and liver function test was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESR test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium - Professional Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up to date were reviewed. The measurement of serum acute phase reactant (APR) levels is useful because abnormalities generally reflect the presence and intensity of an inflammatory process. However, APR measurements in clinical use are not specific to any particular disease, nor can they distinguish infection from other causes of acute and chronic inflammation. The most widely used indicators of the acute phase response are the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels. Review of submitted medical records do not provide clear rationale to support the appropriateness of this test in this injured worker. There is lack clinical data to support the relationship of this test with the industrial injury of this worker. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore the requested treatment: ESR test is not medically necessary.

CRP test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium - Professional Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up to date were reviewed. The measurement of serum acute phase reactant (APR) levels is useful because abnormalities generally reflect the presence and intensity of an inflammatory process. However, APR measurements in clinical use are not specific to any particular disease, nor can they distinguish infection from other causes of acute and chronic inflammation. The most widely used indicators of the acute phase response are the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels. Review of submitted medical records do not provide clear rationale to support the appropriateness of this test in this injured worker. There is lack clinical data to support the relationship of this test with the industrial injury

of this worker. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore the requested treatment: CRP test is not medically necessary.

Vitamin D test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium - Professional Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date, Labtestsonline.org.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Up to date were reviewed. The approach to testing and repletion is based upon an initial assessment of a patient's risk for having a low serum 25(OH) D level. For low risk adults, we suggest not routinely screening individuals for vitamin D deficiency. Rather than screen, we suggest intake of 600 to 800 int. units of vitamin D daily. For high risk adults in whom there is a clinical suspicion that the usual doses are inadequate (e.g. elderly homebound or institutionalized individuals, those with limited sun exposure, obesity, dark skin, osteoporosis, malabsorption), measurement of serum 25(OH) D concentrations is useful to ensure that supplementation is adequate. Based on the currently available medical information for review, there is no rationale provided by the treating provider that indicates why this test is requested. Also there is a lack of documentation that supports any relationship of this test with the nature of industrial injury of this worker. The requested treatment: Vitamin D test is not medically necessary and appropriate.

Vitamin B12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium - Professional Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab tests online Up to date.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Lab tests online, and Up to date were reviewed. Review of submitted medical records do not provide any specific rationale to support the appropriateness of this test in this injured worker. The provider's notes are not specific about any significant changes in the symptoms or clinical findings in this injured worker. The requested treatment: Vitamin B12 is not medically necessary.

Final confirmation of Urine Drug Screen results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: This request for urine drug test is evaluated in light of the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). ODG states (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of co-morbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. It is also determined that use of opioids is not medically necessary and appropriate. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met, therefore, the requested treatment: Final confirmation of Urine Drug Screen results is not medically necessary.