

Case Number:	CM14-0116375		
Date Assigned:	08/04/2014	Date of Injury:	07/27/2005
Decision Date:	12/18/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 52- year-old man with a date of injury of July 27, 2007. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated June 19, 2014, the IW complains of increased pain since last visit. He was asking about why neuropathy work-up has not been concluded. The documentation indicated that the IW has been referred to [REDACTED] for treatment for dizziness. He has a pulling feeling in the legs from the back to the heels. He describes a sense of heaviness in the legs. His spouse states that he drags his feet. Physical objective findings revealed spine decreased range of motion with tenderness in the lumbar soft tissue. There is nystagmus to the left gave and subjective dizziness. Motor was 5/5. Sensation stocking hyperesthesia to thighs. Relative decreased pin on the left leg. Gait was normal. Deep tendon reflexes were 2+. Current medications were not documented. The plan was blood testing, vestibular testing as planned, and a follow-up visit to go over lab tests. The following blood test were recommended: B12, Folate, ANA, HgA1C, and Immuno-electrophoresis of serum. The progress note does not include an impression or assessment that indicates the need for the requested blood tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: B12, Folate, ANA, HgA1C, Immuno-electrophoresis of Serum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination; Assessment Approaches Page(s): 6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, the decision for the B12 level, folate level, ANA level, hemoglobin A-1 C, and immune electrophoresis of serum is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and confidence diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the progress note with the requested lab tests does not include an assessment or indication or clinical rationale as to why these blood tests are being ordered. Additionally, the plan simply states "blood testing" on the June 19, 2014 progress note. The treating physician references "polyneuropathies" and "numbness", however there is no clinical indication, documentation and results of any lab tests referencing etiologies for the symptoms enumerated above. The diagnoses listed in the medical record on a progress note dated June 19 of 2014 are unspecified thoracic lumbar neuritis; lumbago; cervical this displacement; and benign essential hypertension. Consequently, based on the lack of clinical rationale in the medical record, the lab tests B-12, Folate, ANA level, hemoglobin A-1 C and immune electrophoresis are not medically necessary.