

Case Number:	CM14-0181058		
Date Assigned:	11/05/2014	Date of Injury:	09/07/2013
Decision Date:	12/16/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 35 year-old male with the date of injury of 09/07/2013. The patient presents with pain in his head, neck and lower back, rating his pain as 9/10 on the pain scale. The patient has a slight ataxic-type gait. There are tenderness in the cervical spine at C4 through C7 and in the upper thoracic spine at T4,5,6,7 and in the lumbar spine at L3 through L5. Examinations reveal that Spurling's sign are positive bilaterally and Kemp's test is positive bilaterally. MRI of the brain shows signs of some type of brain trauma such as difficulty with speech articulation, balancing, ongoing headaches, etc. According to the treating physician's report on 08/13/2014, diagnostic impressions are; 1)Head contusion, headaches 2)Cervical discopathy 3)Thoracic myofascitis 4)Lumbar myofascitis The utilization review determination being challenged is dated on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/14/2014 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC,CMP, Free T4, TSH, Amylase and Lipase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.ninds.nih.gov/disorders/misc/diagnostic_tests.htm

Decision rationale: The patient presents with pain in his head, neck and lower back. The patient also has slurred speech due to a brain trauma. The request is for CBC, CMP, Free T4, TSH, Amylase and Lipase. The request appears to originate by a neurologist, who also recommended speech therapy and EEG. The neurologist reports are not provided. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss CBC testing or other labs in this context. Given the patient's brain injury and possible hormonal/electrolyte imbalance issues, comprehensive lab studies as requested appear medically reasonable. Records do not show that these were obtained in the recent past. Recommendation is medically necessary.