

Case Number:	CM14-0185942		
Date Assigned:	11/13/2014	Date of Injury:	01/11/1994
Decision Date:	12/16/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 54-year-old man with a date of injury of January 11, 1994. The mechanism of injury occurred when he was moving an overhead rack. He heard a pop in his back and had leg pain fairly early on the course. The IW has been receiving treatment for his low back complaints. Pursuant to the most recent office visit note dated October 15, 2014, the IW complains of moderate to severe back pain. The pain radiates to the left arm, left calf, and left foot. The IW describes the pain as ache, deep, localized, piercing, and sharp. Physical examination revealed antalgic gait. Lower extremity muscle tone was normal. He had moderate lumbar spasms. There was tenderness in the paraspinal facets at L4, L5 and S1. Neurovascular examination including reflexes, sensation, and pulses were within normal limits. The IW was diagnosed with post laminectomy syndrome of the lumbar spine; and thoracic or lumbosacral neuritis or radiculitis, unspecified. Current medications include: Xanax 0.5 mg, Flomax 0.4 mg, Wellbutrin, Librium 10 mg, OxyContin 30 mg, OxyContin 20 mg, Oxycodone 15 mg, Lyrica 100 mg, Lidoderm 5% patch, Flector 1.3% patch, and Clonidine 0.2 mg. The provider is recommending the following authorizations: Monthly office follow-up visits times 6, Chem 19, CBC, EIA9 w/alcohol + RLLX urine, Oxycodone and Metabolite serum, urinalysis, TSH, and Testosterone, free and total.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly office follow up visits Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office visits

Decision rationale: Pursuant to the Official Disability Guidelines, monthly office follow-up visits #6 are not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits play a critical role in the proper diagnosis and return the function of an injured worker and they should be encouraged. The need for clinical office visit is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The guidelines recommend specialist consultations for specifically identified individuals for diagnostic and/or therapeutic interventions. In this case, the injured worker sustained a back injury. The documentation states the diagnoses are post laminectomy syndrome of the lumbar region and thoracic or lumbosacral rightists for radiculitis. There is no documentation requesting a specific workup for a specific etiology and why monthly follow up visits are warranted. The request for six follow-up visits is unclear and consequently, not clinically indicated. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, monthly office follow-up visits #6 are not medically necessary.

Urinalysis complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines

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.nlm.nih.gov/medlineplus/ency/article/003579.htm>

Decision rationale: Pursuant to Medline plus, the urine analysis is not medically necessary. Urine analysis is the physical, chemical and microscopic examination of urine. For details see attached link. In this case, the injured worker is taking multiple narcotics, a benzodiazepine and an anxiolytic. There is no indication in the medical record why a urine analysis is required. Consequently, in the absence of documentation for Urinalysis complete is not medically necessary.

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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://labtestsonline.org/understanding/analytes/tsh/tab/test>

Decision rationale: Pursuant to Medline plus, TSH (thyroid stimulating hormone) is not medically necessary. TSH is a blood test used to evaluate thyroid function. For details see attached link. In this case, injured worker is being treated for low back pain (Supra). There is no indication in the medical record or rationale explaining why a thyroid stimulating hormone what test is being watered in the face of the clinical history and physical findings. Consequently, TSH is not medically necessary.

Testosterone total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

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: [/www.nlm.nih.gov/medlineplus/ency/article/003707.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003707.htm)

Decision rationale: Pursuant to Medline plus, testosterone total (blood test) is not medically necessary. Testosterone is a blood test that measures the amount of male hormone testosterone. For additional details see attached link. In this case the injured worker is being treated for low back pain. There is no indication in the medical record or rationale explaining why a testosterone blood test level is being checked. Consequently, testosterone total is not medically necessary.