

Case Number:	CM14-0022376		
Date Assigned:	05/09/2014	Date of Injury:	05/08/2008
Decision Date:	08/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational 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 patient is a 52-year-old female who has submitted a claim for bilateral upper extremity strain, left knee chondromalacia, left ankle sprain, and left fifth metatarsal fracture, headache, and insomnia associated with an industrial injury date of 05/08/2006. Medical records from 2013 were reviewed. The patient complained of dull headaches of moderate-to-severe intensity, associated with nausea and vomiting. The patient likewise reported pain at the neck, left elbow, and left knee. Physical examination of the head and eyes were unremarkable. Neurologic exam was intact. Treatment to date has included left ankle surgery, left radial tunnel release, left knee arthroscopy, physical therapy, and medications such as Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Utilization review from 02/18/2014 denied the requests for EEG, VNG, CBC, Master Chemistry, ANA, RPR, ESR, TSH, lipid panel, methylmalonic acid, Vitamin B12, folic acid, and Vitamin D level because of no documented indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG (ELECTROENCEPHALOGRAM) A/S (AWAKE/DROWSY) QTY: 1.00: Upheld

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

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

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Head Chapter was used instead. It states that electroencephalography is not generally indicated in the immediate period of emergency response, evaluation, and treatment. If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. In this case, patient complained of dull headaches of moderate-to-severe intensity, associated with nausea and vomiting. Progress report from 12/09/2013 included a plan for EEG. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information. Therefore, the request for EEG (electroencephalogram) a/s (awake/drowsy) QTY: 1.00 is not medically necessary.

VNG (VIDEONYSTAGMOGRAPHY) BALANCE TEST QTY: 1.00: Upheld

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: Electronystagmography Versus Videonystagmography in Diagnosis of Vertigo, Int J Occup Med Environ Health. 2012 Mar;25(1):59-65. doi: 10.2478/s13382-012-0002-1.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled: Electronystagmography Versus Videonystagmography in Diagnosis of Vertigo was used instead. The results suggest that the VNG should be recommended in preference as the valuable method to assess vertigo and to discriminate between the peripheral and the central vestibular lesions. In this case, patient complained of dull headaches of moderate-to-severe intensity, associated with nausea and vomiting. Progress report from 12/09/2013 included a plan for VNG. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

CBC (COMPLETE BLOOD COUNT) QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings,

Journal of General Internal Medicine 2005 Volume 20, 331-333
(<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for CBC. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

MASTER CHEMISTRY QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333
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Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for master chemistry. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

ANA (ANTINUCLEAR ANTIBODIES) QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for ANA. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

RPR (RAPID PLASMA REAGIN) QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these

lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for RPR. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

ESR (ERYTHROCYTE SEDIMENTATION RATE) QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for ESR. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

TSH (THYROID STIMULATING HORMONE) QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for CBC. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

LIPID PANEL QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for lipid panel. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

SERUM METHYL MALONIC ACID QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for blood exam. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information.

B-12: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient

has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for blood chemistry. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify if this is for prescription drug or blood exam. Therefore, the request for vitamin B12 is not medically necessary.

FOLIC ACID QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for blood chemistry. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify if this is for prescription drug or blood exam. Therefore, the request for folic acid is not medically necessary.

VITAMIN D LEVEL QTY: 1.00: Upheld

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings,

Journal of General Internal Medicine 2005 Volume 20, 331-333
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Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has multiple conditions such as musculoskeletal pain, insomnia, and headaches. She was prescribed with Norco, Carbamazepine, Butalbital / Acetaminophen, Lorazepam, and Celebrex. Progress report from 12/09/2013 included a plan for blood chemistry. However, there was no documented rationale. Progress report was handwritten and somewhat illegible. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify if this is for prescription drug or blood exam. Therefore, the request for vitamin D level is not medically necessary.