

Case Number:	CM14-0081607		
Date Assigned:	07/18/2014	Date of Injury:	04/25/2007
Decision Date:	11/21/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Emergency 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 is a 43-year-old male who reported an injury on 04/25/2007 due to an unknown mechanism. Diagnoses were disorders of bursae and tendons in shoulder region unspecified, right shoulder per MRI; lumbago, status post lumbar fusion; psychological and psychiatric issues, deferred to psychiatrist; orchitis and epididymitis unspecified; decreased libido; unspecified psychosexual disorder; various internal issues/disorders status post P&S per internal P&S report 02/05/2014; and status post cervical spine injection 06/16/2014 with improvement. Past treatments were not reported. Diagnostic studies were not reported. Physical examination on 08/11/2014 revealed complaints of right shoulder pain described as burning and stabbing. The pain was rated a 7/10. There were complaints of constant left neck pain that traveled into the neck described as burning, tight and aching. The pain was rated a 7/10. There were also complaints of lower back pain in the bilateral left greater than right lower back, which he described as stabbing, burning and cramping. The pain was rated an 8/10. The injured worker also complained of difficulty falling asleep due to pain, and waking during the night due to pain. He reported having difficulty with sexual functioning. There was a complaint that he has gained 30 pounds since his injury. There was tenderness in the right shoulder. Hawkins/Kennedy was positive on the right shoulder. At the C5-6, C6-7 and C7-T1 palpation revealed paraspinal tenderness on the left. Foraminal compression test revealed pain on both sides. Straight leg raise seated test was positive on the right, and pain on the left. Treatment plan was to continue with pain management. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipid panel, laboratory test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestonline.org:
http://labtestonline.org/home/SearchForm?Search=lipid+panel&action_ProcessSphinx

Decision rationale: The decision for Lipid panel, laboratory test is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM and Official Disability Guidelines do not address this request. The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. The results of the lipid profile are considered along with other known risk factors of heart disease to develop a plan of treatment and follow-up. Depending on the results and other risk factors, treatment options may involve lifestyle changes such as diet and exercise or lipid-lowering medications such as statins. The clinical information submitted for review does not mention laboratory test. There was no rationale submitted detailing a clear indication for the request. There was no diagnosis indicating elevated cholesterol or triglycerides. There were no other significant factors provided to justify a lipid panel test. In addition, the injured worker was noted to have been certified for a previous test in 04/2014; however, the results of that test were not provided. Therefore, this request is not medically necessary.