

Case Number:	CM14-0091571		
Date Assigned:	07/25/2014	Date of Injury:	03/25/2002
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain 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 62 year old female who reported injury to her left upper extremity and left lower extremity on 03/25/02. A clinical note dated 07/06/14 indicated the patient complaining of strength deficits in the lower extremities. The injured worker fell approximately three weeks prior to the office visit. The injured worker demonstrated strength deficits in the upper extremities rated 4- to 4+/5. A clinical note dated 05/21/14 indicated the injured worker utilizing extensive list of pharmacological interventions. AME dated 10/31/13 revealed the injured worker complaining of pain at several sites most notably the neck and low back. The injured worker underwent anterior discectomy and partial corpectomy in 2003 at C3 through C6. There was also an indication the injured worker had de Quervain tenosynovitis diagnosed in 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab studies B12 QTY: 1.00:

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic

Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The injured worker had extensive list of surgical procedures and conservative treatment behind her for the numerous complaints of pain at several sites. Lab studies are indicated in order to assist in the administration of continued treatments. However, no information was submitted regarding treatments based on the requested lab studies. Therefore, the request for Lab studies B12 quantity: 1.00 is not medically necessary.

Lab studies Folate 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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Lab studies are indicated in order to assist in the administration of continued treatments. However, no information was submitted regarding treatments based on the requested lab studies. Therefore, the request for Lab studies Folate QTY: 1.00 is not medically necessary.

RPR (rapid plasma reagin) w/ titers 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:1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: Lab studies are indicated in order to assist in the administration of continued treatments. However, no information was submitted regarding treatments based on the requested lab studies. Therefore, the request for RPR (rapid plasma reagin) without titers QTY: 1.00 is not medically necessary.