

Case Number:	CM14-0091837		
Date Assigned:	09/12/2014	Date of Injury:	01/28/2003
Decision Date:	10/22/2014	UR Denial Date:	06/05/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female smoker who reported an injury while driving a school bus on 01/28/2003. On 05/22/2014, her list of conditions included suicidal ideation, degenerative disc disease of the cervical spine, COAT, lumbar facet arthropathy, constipation, chronic pain syndrome, depression, herpes zoster, insomnia, tobacco use, muscle spasms, histrionic personality disorder, benign hypertension, other pain disorder related to psychological fact, low back pain, thoracic or lumbosacral radiculopathy, right SI joint arthropathy, and degenerative disc disease of the lumbar spine. Her medications included Trazodone 50mg, Amitriptyline 75mg, Amitriptyline 25mg, Soma 350mg, Lorazepam 0.5mg, Citalopram 30mg, and Vitamin D of an unknown dosage. Her primary complaints included right groin/hip/buttock pain. She rated her pain at 8/10 with medications and 10/10 without medications. A basic metabolic panel on 11/06/2013 revealed all laboratory values within the normal range. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count with Differential/Platelet Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Blood Counts (190.15) Indications and Limitations of Coverage

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The request for Complete Blood Count with Differential/Platelet Test is not medically necessary. Per labtestsonline.org, clinical laboratory tests are used in medical care for screening, diagnosis, and/or management of various medical conditions. A complete blood count is often used as a broad screening test to determine an individual's general health status. Other than her musculoskeletal and psychiatric diagnoses, there was no indication that this injured worker had any other medical condition requiring screening or management. The clinical information submitted failed to meet the evidence-based guidelines indication for a complete blood count. Therefore, this request is not medically necessary.

Complete Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The request for Complete Urinalysis is not medically necessary. Per labtestsonline.org, a routine urinalysis may be done when someone is admitted to the hospital. It may also be part of a wellness exam, a new pregnancy evaluation, or workup for a planned surgery. A urinalysis will most likely be performed when a person sees a healthcare provider complaining of symptoms of a UTI or other urinary system problems such as kidney disease. Signs and symptoms may include abdominal pain, back pain, painful or frequent urination or blood in the urine. There was no evidence in the submitted documentation that this worker had any symptoms of a urinary tract infection or urinary system difficulty such as kidney disease. The need for a urinalysis was not clearly demonstrated in the submitted documentation. Therefore, this request is not medically necessary.

Basic Metabolic Panel (Chem-19): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=61&ncdver=1&CALId=88&CalName=CMS.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org

Decision rationale: The request for Basic Metabolic Panel (Chem-19) is not medically necessary. Per labtestsonline.org, a metabolic panel is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. It may also be ordered to monitor known conditions such as hypertension and to monitor people taking specific medications for any kidney or liver related side effects. There is no evidence in the submitted documentation that this injured worker had liver disease, diabetes, or kidney

disease. Laboratory values on her last basic metabolic panel were all within the normal range. The clinical information submitted failed to meet the evidence-based guidelines indication for a basic metabolic panel. Therefore, this request is not medically necessary.

Enzyme Immunoassay 9 with GCMS 4, Fentanyl and Meperidine Test: 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 Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

Decision rationale: The request for Enzyme Immunoassay 9 with GCMS 4, Fentanyl and Meperidine Test is not medically necessary. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. There is no evidence in the submitted documentation that this worker was being prescribed Fentanyl or Meperidine. The need for this laboratory test was not clearly demonstrated in the submitted documentation. Therefore, this request is not medically necessary.