

Case Number:	CM14-0099874		
Date Assigned:	07/28/2014	Date of Injury:	09/29/2009
Decision Date:	10/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Practice 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 61 year old male who sustained an industrial injury on 4/29/2009. He is status post 3 lumbar spine surgeries. He is also diagnosed with anxiety, depression, intermittent insomnia, hypertension, DM and weight gain secondary to inactivity post-surgical. The patient is pending additional lumbar spine fusion and hardware removal. UR dated 5/30/14 non-certified the request for quantitative chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative chromatography: 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 Chapter, Quantitative Sensory Threshold (QST) testing, Current Perception Threshold (CPT) Testing.

Decision rationale: According to the Official Disability Guidelines, Quantitative sensory threshold (QST) testing is not recommended. The guidelines state that quantitative sensory testing (QST is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. The

medical records do not establish the medical necessity for quantitative chromatography. The medical records do not establish how the requested testing would alter this patient's course of treatment.