MAXIMUS Federal Services

Case Number:	CM14-0215317		
Date Assigned:	02/05/2015	Date of Injury:	04/01/2010
Decision Date:	03/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

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 61-year-old male, who sustained an industrial injury on 4/1/2010. He has reported cumulative injury to neck and low back associated with chronic headaches and injury to the left arm. He is status post laminotomy and discectomy 2001, revision discectomy 2003, PLIF L5-S1, 2006, and removal of hardware and exploration of lumbar fusion 2009, and status post cervical epidural injections 2013. The diagnoses have included lumbar disc desiccation, disc herniation with foraminal stenosis, disc collapse and facet disease, left carpal tunnel syndrome, left shoulder impingement, trigger fingers in the right ring and left index fingers. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, physical therapy, and steroid injections. Currently, the IW complains of pain in lumbar region, cervical spine with radiation towards arm. There was documentation of continued headaches treated with Botox with success. The evaluation on 9/15/14 specifically addresses the requests in regards to the injured workers condition and request per the appeal at issue. The plan of care included continuation of medications and laboratory evaluations. On 12/16/2014 Utilization Review non-certified laboratory evaluations that included CMP, Complete Blood Count (CBC), H. Pylori URCA Breath Test, Hemoglobin A1c, Micro albumin, urinalysis with culture , noting the hypertension and diabetes were diagnosed prior to injury in 2010, therefore not injury related. The MTUS, ACOEM, and ODG Guidelines were cited. On 12/23/2014, the injured worker submitted an application for IMR for review of laboratory evaluations including CMP, Complete Blood Count (CBC), H. Pylori URCA Breath Test, Hemoglobin A1c, Micro albumin, urinalysis with culture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CMP, CBC, H. Pylori Urea Breath Test, Hemoglobin A1C, Microalbumin, Urine Drug Screen complete with reflex culture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63.

Decision rationale: There are no specific indications for the requested laboratory studies. Per the guidelines reviewed the studies would be indicated to evaluate issues related to the claimant's industrial injuries. This does not appear to be the case. The claimant has medical conditions of hypertension and diabetes and the requested studies CMP, HbA1C, microalbumin would be directly related to those conditions. Testing for H. pylori in patients with functional dyspepsia, gastroesophageal reflux disease (GERD), patients taking nonsteroidal anti-inflammatory drugs, patients with iron deficiency anemia, and those who are at greater risk of developing gastric cancer remains controversial. H. pylori can be diagnosed by endoscopic or non-endoscopic methods. There is no indication that the requested studies are directly related to the claimant's industrial injuries. Medical necessity for the requested laboratory studies has not been established. The requested studies are not medically necessary.