

Case Number:	CM15-0014534		
Date Assigned:	02/02/2015	Date of Injury:	08/07/2010
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 08/07/2010. He has reported subsequent back, left foot and left knee pain and was diagnosed with lumbar left foraminal disc protrusion, lumbar bilateral chronic radiculopathy, and bilateral knee advanced osteoarthritis. Other diagnoses included gastritis, elevated cholesterol, hypertension and possible irritable bowel syndrome. Treatment to date for pain has included oral pain medication, right knee brace, injections, acupuncture and surgery. In a progress note dated 11/11/2014, the injured worker complained of headaches, constipation, occasional diarrhea, occasional rectal bleeding and feeling of abdominal distention. Blood pressure was elevated. A recent colonoscopy was noted to be unremarkable except for small hemorrhoids. Objective physical examination findings were notable for weight gain of about 30 pounds and tenderness over the epigastrium and lower abdomen to deep palpation. Electrocardiogram showed normal sinus rhythm, left anterior hemiblock and poor R wave progression. A request for authorization of several lab tests was made. On 01/16/2015, Utilization Review non-certified requests for lipid panel, thyroid panel, arthritic panel, CBC, WA and Hbga1c, noting that there was no indication for performance of these lab tests. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro chem panel, H pyloric IgG, retro chem panel, lipid thyroid panel, arthritic panel, cbc, ua, Hbga1c, H pyloric IgG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre Op Lab Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain. Laboratory Studies Page(s): 262.

Decision rationale: In accordance with California MTUS guidelines, laboratory studies do not have much sensitivity in diagnosing an anatomic back pain problem. This patient's treating physician requested a number of unnecessary laboratory studies that are not considered medically necessary for this work man's compensation injury. The requested studies include: lipid panel, thyroid panel, arthritic panel, CBC, WA and HbgA1c. The lipid panel and the HgbA1C can screen for high cholesterol and diabetes. As the utilization review physician noted, attempting to draw a direct correlation between this patient's musculoskeletal work related injury and his obesity is a highly questionable correlation. The requested studies are not considered medically necessary in relation to his work man's comp claim.