

Case Number:	CM15-0120885		
Date Assigned:	07/01/2015	Date of Injury:	03/11/2008
Decision Date:	09/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic pain syndrome, gastroesophageal reflux disease, hypertension, hernia, and dyslipidemia reportedly associated with an industrial injury of March 11, 2008. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve requests for laboratory testing, urine drug testing, serum uric acid level, a urinalysis, and an ophthalmology consultation. A variety of non-MTUS Guidelines were invoked in the determination. The claims administrator's medical evidence log suggested that the most recent note from the provider in question was in fact dated April 20, 2015 and that the May 7, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On April 20, 2015, one of the applicant's treating providers noted that the applicant had had recent laboratory testing of February 4, 2015 notable for a near-normal hemoglobin and hematocrit of 10.5 and 33.3. On March 31, 2015, the applicant's secondary treating provider reported that the applicant had known issues with hypertension, dyslipidemia, reflux, sleep apnea, depression, and anxiety. The applicant's secondary treating provider reviewed records, including recently performed laboratory testing notable for normal thyroid function testing, a near-normal hemoglobin of 11.3, and a borderline elevated total cholesterol of 207.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for urine toxicology screen (AKA a urine drug test) was not medically necessary, medically appropriate, or indicated here. While page 43 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug testing topic notes, however, that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should clearly state which drug tests and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower- risk categories for whom more or less frequent drug testing would be indicated. Here, however, there was no mention of when the applicant was last tested. The applicant's complete medication list was not attached to multiple progress notes, referenced above. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent testing would be indicated. The attending provider neither signaled his intention to eschew quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.

Labs GI Profile, TSH, AML, LIPS, CMPR, HPYA, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/features/reliability>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Similarly, the request for laboratory testing to include a GI profile, TSH, lipase, CBC, etc., was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that, when history indicates, testing for diabetes, hypothyroidism, arthritis, or other conditions is recommended, here, however, it was not stated why hypothyroidism was on the differential diagnosis list. It was not clearly stated why the laboratory testing in question was ordered so soon after laboratory testing was ordered on February 4, 2015. Said February 4, 2015 laboratory testing was notable

for normal thyroid function testing and a near-normal hematocrit of 11.3, the treating provider reported on a progress note dated March 31, 2015. While it is acknowledged that the May 7, 2015 progress note seemingly made available to the claims administrator was not incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

HTN Profile UMAR, CMPR, CBD, TSH, T3, T4, Lipid, CMP, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/udnerstanding/features/reliability>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Similarly, the request for other laboratory tests to include a hypertension profile, CBC, TSH, T3, T4, lipid panel, etc., was not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested laboratory monitoring in applicants using NSAIDs does include periodic assessment of the applicant's CBC, renal function testing, and hepatic function testing, here, however, it did not appear that the applicant was in fact using NSAIDs on or around the date of the request. It was not stated, thus, why CBC and CMP were ordered so soon after earlier testing of February and/or March 2015. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for hypothyroidism or other conditions via the TSH, T4, and T3 at issue is recommended when history indicates, here, however, it was not stated why (or if) hypothyroidism was in fact on the differential diagnosis list. Earlier thyroid function testing was normal, the treating provider reported on March 31, 2015. It was not clearly stated why repeat laboratory testing was sought so soon after that point in time. Therefore, the request was not medically necessary.

Uric Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/udnerstanding/features/reliability>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 208; 331.

Decision rationale: Similarly, the request for a serum uric acid, a marker of gout, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that laboratory testing such as the CBC, ESR, and/or other tests for autoimmune disease can be useful to screen for inflammatory autoimmune source of the joint pain, the MTUS Guideline in ACOEM Chapter 9, page 208 notes that these tests should be employed to confirm suspected clinical impressions. The MTUS Guideline in

ACOEM Chapter 9, page 208 argues against usage of such testing in a shotgun attempt to clarify reasons for unexplained pain complaints. Here, as with the preceding request, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated why gouty arthropathy was suspected here. there was no mention of the applicant's having signs or symptoms of gouty arthropathy which, per the MTUS Guideline in ACOEM Chapter 13, Table 13-1, page 331 includes swollen joints, which would call into question the presence of a suspected gouty arthropathy for which the serum uric acid testing in question would have been indicated. While it is acknowledged that the May 7, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/features/reliability>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: Similarly, the request for a urinalysis was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12/1, page 311 notes that urinalysis should be performed in individuals in whom there are red flags for cancer and/or infection present, here, however, there was no mention of the applicant's having issues with dysuria, polyuria, hematuria, or other symptoms suggestive of urinary tract infection. While it is acknowledged that the May 7, 2015 progress note in which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

Ophthalmology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 456-457.

Decision rationale: Finally, the request for an ophthalmology consultation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 16, pages 456-457 acknowledge that applicant with signs or symptoms of blurred vision may be referred to an ophthalmologist or optometrist based on the results of visual acuity screening, here, however, the progress notes and documentation on file did not report the applicant's visual acuity. Historical notes on file made no mention of the applicant's having issues with visual or ocular disturbance, moreover. Therefore, the request was not medically necessary.

