

Case Number:	CM15-0171495		
Date Assigned:	09/11/2015	Date of Injury:	10/06/2011
Decision Date:	12/01/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on October 6, 2011. He reported injury to his cervical spine. He was noted to become depressed over his loss of function and his return to work issues. Current psychiatric diagnoses included single episode major depression and anxiety disorder not otherwise specified. Treatment to date has included diagnostic studies, surgery, acupuncture, medication, physical therapy, cognitive behavioral therapy and psychotherapy. On July 17, 2015, the injured worker complained of pain in his arms, hands, neck, back and legs. The pain was rated as an 8 on a 1-10 pain scale. He reported feelings of sadness, loss of pleasure in participating in usual activities, social avoidance, sleep disturbance and appetite changes. At the time of exam, he was noted to currently to be taking Vistaril, Wellbutrin, Klonopin, Gabapentin and blood pressure medication. Notes stated that he appeared to be adhering to all recommended treatment protocols which included taking medications as prescribed. The treatment plan included additional cognitive behavioral therapy sessions and biofeedback therapy. On August 18, 2015, utilization review denied a request for an antidepressant panel lab (CBC, complete metabolic pane, TSH, Free T4 and UA).

IMR ISSUES, DECISIONS AND RATIONALES

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

Antidepressant panel lab (CBC): Overturned

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 www.labtestsonline.org.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. The injured worker has diagnoses to include anxiety, a CBC is a lab test that can evaluate for anemia. Anemia, if significant enough, can cause symptoms that mimic anxiety, including palpitations and can also lead to fatigue, a symptom common in depression. Medical necessity has been substantiated.

Antidepressant panel lab (Complete metabolic panel): 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 www.labtestsonline.org.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. This request lacks a clear rationale. It is unclear what beneficial information a metabolic panel would yield to determine if there is ongoing active and problematic depression. Medical necessity has not been established.

Antidepressant panel lab (TSH): Overturned

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 www.labtestsonline.org.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. A thyroid stimulating hormone that is elevated could signal hypothyroidism. Hypothyroidism can cause symptoms that mimic depression. Furthermore, a low level of TSH could signal hyperthyroid condition, and this can mimic anxiety. This lab request is reasonable and medically necessary.

Antidepressant panel lab (Free T4): 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 www.labtestsonline.org.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. A free T4 level would not be indicated until the results of the TSH are available. At this time, Free T4 level is not medically necessary pending results of TSH that may or may not warrant further lab workup.

Antidepressant panel lab (UA): 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) Drug Screen Section.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. The injured worker is noted to be taking medications as prescribed. Furthermore, there is no clear rationale noted, in terms of why a urine sample is warranted and/or how it would change management of the injured workers medical and psychiatric conditions. This request is not medically necessary.