

Case Number:	CM15-0028445		
Date Assigned:	02/24/2015	Date of Injury:	06/01/1993
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/16/2015

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: 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 53 year old male, who sustained an industrial injury on 6/1/1993. He has reported left ankle injury requiring two surgeries, one in March 1997 and one in August 1997, subsequently suffering back injuries due to the ankle. The diagnoses have included cervical degenerative disc disease with bilateral radiculopathy, thoracic spine sprain, lumbar degenerative disc disease with bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral internal derangement of the knees, left ankle traumatic arthritis, depression, medication induced gastritis, diabetes mellitus with peripheral neuropathy, hepatitis, and bilateral ulnar nerve entrapment. The history included infection after a cat scratch requiring treatment with intravenous vancomycin. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, home exercises, cervical spine epidural injection, and lumbar epidural steroid injections. Currently, the IW complains of knee pain with pending right knee surgery. The provider documented recent cardiology clearance for surgery. There were multiple complaints of ongoing and increased pain in the neck, bilateral extremity pain and hand numbness, and left ankle. The plan included referral to orthopedic for pending knee surgery, cervical epidural injection, trigger point injections, and medications. On 1/2/2015 Utilization Review non-certified laboratory evaluations including free T3 (64481), Free Thyroxine (84439), Thyroid Stimulating Hormone (TSH) (84443), Uric Acid (84450), Vitamin D; 25 Hydroxy (82306), Apollipoprotein A (87172)and Apollipoprotien B (82172). The MTUS Guidelines were cited. On 2/16/2015, the injured worker submitted an application for IMR for review of laboratory evaluations including free T3 (64481), Free Thyroxine (84439), Thyroid Stimulating

Hormone (TSH) (84443), Uric Acid (84450), Vitamin D; 25 Hydroxy (82306), Apollpoprotein A (87172)and Apollpoprotien B (82172).

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Vitamin D, T3 Free, free thyroxina, TSH, GGTP, Urine Acid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Laboratory Studies.

Decision rationale: There is no documentation provided necessitating the requested laboratory studies. In addition to the established industrial injuries, the claimant has a history of diabetes with neuropathy, depression, and medication induced gastritis. There is no indication for a Vitamin D level. There is no indication for Vitamin D supplementation for the treatment of chronic pain. Vitamin D is indicated to maintain bone health. The claimant has no history of thyroid disease and there is no clinical documentation of any thyroid disorder related to his industrial injures. There is no indication for thyroid testing. There is no history of gout to warrant testing of uric acid. The claimant is maintained on nonsteroidal anti-inflammatory medication but a general liver profile would provide more information in terms of monitoring for liver damage than a GGTP which is more specific for hepatocellular damage and evaluation of the biliary system. Medical necessity for the requested laboratory studies has not been established. The requested studies are not medically necessary.