

Case Number:	CM15-0072323		
Date Assigned:	04/22/2015	Date of Injury:	09/12/2013
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, Texas

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 66 year old female with an industrial injury dated September 12, 2013. The injured worker diagnoses include fracture of the right arm in 2013 on the job, status post-surgery x2, posttraumatic stress disorder secondary to injury, depression secondary to injury, gastroesophageal reflux disease aggravated by injury and marked imbalance/cerebellar dysfunction, unclear etiology. She has been treated with prescribed medications, psychologist evaluations and periodic follow up visits. According to the progress note dated 3/05/2015, the treating physician reported that the injured worker's problem with reflux has not improved much and the most disabling problem that still exists is the post-traumatic stress disorder. The treatment plan consisted of prescribed medication, laboratory studies, medical record review and follow up appointment. The treating physician prescribed retrospective Urinalysis (UA) and retrospective laboratory studies now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2424666>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Dyspepsia.

Decision rationale: The MTUS is silent regarding laboratory studies for the diagnostic work-up of dyspepsia. According to uptodate.com, routine blood counts and blood chemistry including liver function tests should be performed to identify patients with alarm features (eg, iron deficiency anemia) and underlying metabolic diseases that can cause dyspepsia (eg, diabetes, hypercalcemia). In this case the IW complains of dyspepsia and PTSD. The documentation doesn't support that she is taking NSAID analgesic medication. The recommendations are for blood chemistries and blood counts and H. Pylori and do not include recommendations for urinalysis or ESR tests. The request is not medically necessary.

Retrospective Lab: Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), TF, MG, Lipid, HbgA1C. H. Pylori: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063065/;](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063065/)
<http://www.ncbi.nlm.nih.gov/pubmed/95900999;>
<http://www.ncbi.nlm.nih.gov/pubmed/20464776;>
[http://www.ncbi.nlm.nih.gov/pubmed/22404437.](http://www.ncbi.nlm.nih.gov/pubmed/22404437;)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Dyspepsia.

Decision rationale: The MTUS is silent regarding laboratory studies for the diagnostic work-up of dyspepsia. According to uptodate.com, routine blood counts and blood chemistry including liver function tests should be performed to identify patients with alarm features (eg, iron deficiency anemia) and underlying metabolic diseases that can cause dyspepsia (eg, diabetes, hypercalcemia). In this case the IW complains of dyspepsia and PTSD. The documentation doesn't support that she is taking NSAID analgesic medication. The recommendations are for blood chemistries and blood counts and H. pylori and do not include recommendations for urinalysis or ESR tests. The request is not medically necessary.