

Case Number:	CM15-0073664		
Date Assigned:	04/23/2015	Date of Injury:	04/03/2012
Decision Date:	07/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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, Indiana, 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 61 year old male, who sustained an industrial injury on 4/3/12. The injured worker was diagnosed as having shoulder impingement, cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. Treatment to date was not discussed in the medical records provided. The injured worker's complaints were not discussed in the medical records provided. The treating physician requested authorization for a metabolism lab test as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Metabolism lab test as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, one metabolism lab test as an outpatient is not medically necessary. Thorough history taking is

always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are unspecified musculoskeletal disorders and symptoms referable to the neck; other unspecified back disorders; cervical neuritis/radiculopathy; pain thoracic spine; lumbago, etc. The medical record contains 8 pages and a single progress note dated March 26, 2015. There are no subjective, objective or treatment plan entries with a clinical indication or rationale for metabolism lab testing. Consequently, absent clinical documentation with the clinical indication or rationale for metabolism lab testing, one metabolism lab test as an outpatient is not medically necessary.