

Case Number:	CM15-0075968		
Date Assigned:	04/27/2015	Date of Injury:	11/16/2000
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 injured worker is a 54 year old male, who sustained an industrial injury on 11/16/2000. He reported low back pain. The injured worker was diagnosed as having cervicalgia, thoracic / lumbosacral neuritis/radiculitis, thoracic spine pain, lumbago, and post laminectomy syndrome of lumbar region. Treatment to date has included medications, lumbar surgery, laboratory evaluations, magnetic resonance imaging, and medicinal marijuana. The request is for a thyroid panel test (T3, T4 and TSH). On 2/17/2015, he complained of continued low back pain after lumbar surgery. He rated his average pain as 4/10 with medications, and current at 5/10 on a pain scale. The treatment plan included: home exercises, heat, stretching, urine drug screening, Oxycontin, Gabapentin, Temazepam, and Docusate sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Thyroid Panel Test (T3, T4, and TSH): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, 9web), 2014, Low Back, Preoperative Lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter/Pre-Operative Lab Testing.

Decision rationale: Per ODG guidelines, the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In the case, the available documentation does not indicate that the patient had any subjective complaints or physical examination findings that would support the notion that there was a problem with his thyroid. Additionally, there was no stated rationale for the request to establish medical necessity. The request for prospective thyroid panel test (T3, T4, and TSH) is determined to not be medically necessary.