

Case Number:	CM15-0096693		
Date Assigned:	05/27/2015	Date of Injury:	10/17/2006
Decision Date:	06/26/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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 51 year old male who sustained an industrial injury on 10/17/06. Initial complaints and diagnoses are not available. Treatments to date include an umbilical hernia repair, medications, spinal fusion, and brace. Diagnostic studies include a MRI of the lumbar spine, and multiple laboratory studies on 10/01/13, and a 2D echocardiogram and EKG. Current complaints include low back pain and heartburn. Current diagnoses include esophageal reflux, umbilical hernia, actinic keratosis, severe degenerative disc disease, and bilateral costo chondritis of the ribs. In a progress note dated 02/17/15 the treating provider reports the plan of care as medications including omeprazole, ramapril, metoprolol, allopurinol, Aspirin, and Atorvastatin, as well as diet, exercise, and reflux precautions. The requested treatments include multiple blood panels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipid Panel, Free T3 (triiodothyronine), Free T4 (thyroxine), TSH (thyroid stimulating hormone): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, lipid panel, free tri-iodothyronine, free thyroxine, and TSH are not medically necessary. Thorough history taking is there 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 esophageal reflux; umbilicus hernia; and actinic keratosis. The request for authorization date is April 27, 2015. The medical index states a progress note dated April 27, 2015 is contained in the medical record for review. The April 27, 2015 progress note is not present in the medical record. However, a prior note dated February 17, 2015 is reviewed for clinical indications and rationale for a lipid profile and thyroid function testing. The treating provider indicates the injured worker has heartburn. There is no past medical history or comorbid conditions compatible with hypothyroidism. There are no symptoms compatible with hypothyroidism. There are no clinical objective findings commensurate with hypothyroidism. The utilization review indicated the only past medical problem was heartburn and it was no clinical indication for thyroid function testing. Consequently, absent clinical documentation with a clinical indication and rationale for thyroid function testing and a lipid profile, lipid panel, free tri-iodothyronine, free thyroxine, and TSH are not medically necessary.