

Case Number:	CM15-0099426		
Date Assigned:	06/01/2015	Date of Injury:	08/11/2006
Decision Date:	07/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This is a male with an August 11, 2006 date of injury. A progress note dated April 1, 2015 documents subjective findings (constant headache rated at a level of 7/10, with radiation to the bilateral upper extremities, down to the hand; constant lower back pain rated at a level of 5/10, with radiation to the right lower extremity; pain in the shoulder and neck; anxiety; depression; stress; insomnia), objective findings (decreased range of motion of the cervical spine; Spurling's test and cervical compression test are positive bilaterally; decreased range of motion of the lumbar spine; straight leg raising test and Braggard's test are positive bilaterally; decreased sensation in the upper extremities along the C6 and C7 dermatomes; decreased sensation of the lower extremities along the L4 and L5 dermatomes), and current diagnoses (chronic headaches; greater occipital neuralgia; chronic pain syndrome with severe breakthrough pain; cervical spine stenosis; cervical spine disc protrusion; right greater than left upper extremity cervical radiculopathy; neuropathic pain in the bilateral lower extremities; insomnia; cervicogenic headache). Treatments to date have included medications, home exercise, lumbar spine surgeries, and cervical spine fusion. The treating physician documented a plan of care that included blood work and final confirmation of urine drug screen results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Basic metabolic panel (BMP), Liver function tests (LFT), C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), Vitamin D and Vitamin B12: Upheld

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

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

Decision rationale: Laboratory studies can help to accurately determine differential diagnoses. In this case, there is no specific documentation provided indicating medical necessity for the specific laboratory studies to be obtained and the relationship of the laboratory studies to the present plan of care. Medical necessity for the requested laboratory tests has not been established. The requested laboratory studies are not medically necessary.

Final confirmation of urine drug test results: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there was no documentation of any abnormal outcome from the obtained preliminary qualitative test. There is no specific indication for a confirmatory test. Medical necessity for the requested study is not established. The requested study is not medically necessary.