
Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/31/2013

12/8/2008

8/13/2013

CM13-0010660

- 1) MAXIMUS Federal Services, Inc. has determined the request for **liver function test is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **erythrocyte sedimentation rate is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **basic metabolic panel is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **vitamin D level and B12 test is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **c-reactive protein test is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **liver function test** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **erythrocyte sedimentation rate** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **basic metabolic panel** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **vitamin D level and B12 test** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **c-reactive protein test** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 43 years old male with a history of lower back pain that radiates to the lower extremities with right pain greater than left sided pain. The pain is associated with numbness and a tingling sensation. These symptoms were due to a work related injury on December 8, 2008, during which the patient was pulling a 400 pound dolly. The patient was evaluated by the treating physician who made the following diagnosis: 1) Status post laminectomy and microdiscectomy at L4-5 on 3/4/09 with residuals. 2) Right lower extremity radiculopathy. 3) Chronic pain syndrome. 4) Neuropathic pain in the lower extremities right greater than the left. 5) Dysesthesia along the lumbar spine scar 6) Liver disease maybe secondary to medication usage. 7) Gastropathy 8) Gastroesophageal reflux 9) irritable bowel syndrome 10) Cephalgia, possibly tension versus migraines 11) Increased flare up of lumbar spine and lumbar radiculitis 12) Acute musculoskeletal pain and spasm. The following medications were prescribed: Lortab; Anaprox DS and Zanaflex, Percocet 10/325 mg one tablet prn; Neurontin 300 mg p.o. tid; Lidoderm patch 5 percent and Colace 200 mg b.i.d. At issue were the following laboratory tests requested by the treating physician as medically necessary and

appropriate: Liver function studies; Erythrocyte sedimentation rate (ESR); Basic Metabolic Panel; Vitamin D level, Vitamin B12 and C-reactive protein tests.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative, Claims Administrator and Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for liver function test:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines page 70 NSAIDs, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Pain Interventions and Treatments page 12, which is part of the MTUS, and DAVID E. JOHNSTON, M.D., University of New Mexico School of Medicine, Albuquerque, New Mexico (Am Fam Physician. 1999 Apr 15;59(8):2223-2230, which is not part of the MTUS.

Rationale for the Decision:

According to the MTUS Chronic Guidelines “Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. (Hunt, 2007)...Acetaminophen, when used at recommended maximum doses, may induce ALT elevations >3× ULN in up to nearly 40% of subjects.” The medical records provided show that the employee is taking Loratab (Acetaminophen and hydrocodone). Therefore liver function test is medically appropriate for this employee. **The request for liver function test is medically necessary and appropriate.**

2) Regarding the request for erythrocyte sedimentation rate:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the NCBI Resource of National Institute of Health (NIH) <http://www.ncbi.nlm.nih.gov/pubmed/9590999>, which is not part of the MTS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the NCBI Resource of National Institute of Health.

Rationale for the Decision:

According to the NCBI Resource of National Institute of Health, "The Erythrocyte Sedimentation Rate (ESR) is seldom the sole clue to disease in asymptomatic persons and is not a useful screening test. When the rate is increased, a careful history and physical examination will generally disclose the cause. An unexplained increase in the ESR is generally transitory and seldom due to serious disease. The test is most useful in diagnosing temporal arteritis and monitoring the patient's response to treatment. The test has little diagnostic value in rheumatoid arthritis but may be useful in monitoring disease activity when clinical findings are equivocal. The ESR is often normal in patients with cancer, infection, and connective tissue disease and is therefore of little use in excluding these diseases in patients with vague complaints." Slightly elevated ESR results must be interpreted with caution, particularly in patients with negative physical examinations. A review of the medical records provided does not find any documentation of any physical condition that would necessitate the requested lab test. **The request for erythrocyte sedimentation rate is not medically necessary and appropriate.**

3) Regarding the request for basic metabolic panel:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines page 70 NSAIDs, which is part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medline Plus, a service of National Library of Medicine and National Institute of Health (NIH.)

Rationale for the Decision:

Basic metabolic panel is a routine blood test performed in order to measure the body's metabolism as well as to evaluate kidney function, blood acid/base balance, and blood sugar levels. In some cases, the test also is used to check blood levels of calcium and a protein called albumin. In review of the medical records provided, the test has no probate value in the management of this employee other than for screening purposes. **The request for basic metabolic panel is not medically necessary and appropriate**

4) Regarding the request for vitamin D level and B12 test:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on <http://www.guideline.gov/content.aspx?ud=38248&search=vitamin+d+test>.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg [269] which is part of the MTUS, and Medline Plus, a service of National Library of Medicine and National Institute of Health, which is not part of the MTUS.

Rationale for the Decision:

According to Occupational Medicine Practice Guidelines (section on *Forearm, Wrist, and Hand Complaints*, page 269), a number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. The cited guidelines lack specific indications for testing of Vitamin B deficiency. A lack of vitamin D can lead to bone diseases such as osteoporosis or rickets. There is no clinical evidence from the medical records provided for review that this employee is suffering from Osteoporosis or Rickets, hence the test for Vitamin D is not medically necessary. **The request for vitamin D Level and B12 test is not medically necessary and appropriate.**

5) Regarding the request for c-reactive protein test:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the NCBI Resource of National Institute of Health <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003836>, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the expert reviewer based his/her decision on Medline Plus, a service of National Library of Medicine and National Institute of Health (NIH.)

Rationale for the Decision:

The C-Reactive protein (CRP) test is a general test to check for inflammation in the body. It is not a specific test. That means it can reveal that there is inflammation somewhere in your body, but it cannot pinpoint the exact location. The test is used to check for flare-ups of inflammatory diseases such as rheumatoid arthritis, lupus, or vasculitis. It also determines if anti-inflammatory medicine is working to treat a disease or condition. There is no evidence in the medical records provided that this employee has any of the above listed clinical conditions. **The request for c-reactive protein test is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/MCC

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.