MAXIMUS Federal Services

Case Number:	CM13-0016750		
Date Assigned:	11/06/2013	Date of Injury:	07/23/2008
Decision Date:	08/26/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female with a 7/23/08 date of injury. The patient has had ongoing low back complaints, 7/10 since Lower motor strength was noted to be 4/5 bilaterally from L3 to S1 innervated muscles. She was seen on 5/24/13 were it was noted that she had a Vitamin D deficiency and a Hgb of 13.3 which is low end range normal, as well s mildly elevated amylase. It was noted that the patient did not suffer any end organ damage secondary to pain medication, and her lab results were not considered to be related to her industrial injury. Treatment to date: medications, PT, acupunctureThe UR request dated 7/29/13 denied the request given so specific labs were requested. In addition, there is no indication to repeat labs because of chronic pain medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABORATORY BLOOD TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID AND ADVERSE EFFECTS Page(s): 70.

Decision rationale: CA MTUS sates that baseline labs may be obtained fro chronic NSAID use, which this patient had in 2013. The guidelines to not support ongoing labs in patients with no clinical findings of organ failure. This patient is apparently on NSAIDS and opiates. The rationale for this request was not given in the documentation provided. In addition, the request is non-specific to which labs are being requested. The patient had a CBC, which was essentially normal, and low Vitamin D levels which were considered to be unrelated to the industrial injury. It is unclear if the patient has been complaint with a vitamin D regimen to date. The patient has no renal or liver pathology and it is unclear why repeat labs are required. Therefore, the request for laboratory blood testing was not medically necessary.