MAXIMUS Federal Services

Case Number:	CM13-0017429		
Date Assigned:	10/11/2013	Date of Injury:	07/23/2008
Decision Date:	02/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 29, 2013, the claims administrator denied the request for laboratory blood testing. The applicant's attorney subsequently appealed. The utilization review report does seemingly suggest that the applicant carries diagnosis of psychological stress, sleep disturbance, acid reflux, and has a history of mild anemia with mildly elevated lipase. An earlier note of May 24, 2013 is notable for comments that the applicant is mildly anemic and has a mildly elevated lipase. The applicant is asked to follow up with her personal physician to further evaluate the same. It is stated that these issues are mild. A later note of August 30, 2013 is notable for comments that the applicant is off of work, on total temporary disability and is concurrently seeking a TENS unit.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: While page 70 of the MTUS Chronic Pain Guidelines does support routine laboratory testing such as periodic complete blood count testing, renal function testing, and hepatic function testing in those applicants using NSAIDs chronically, the attending provider in this case has not furnished any clear or compelling rationale alongside the request for authorization. The attending provider has not clearly stated which laboratory tests he intends to use. It appears that the applicant has already had recent laboratory testing which was apparently notable for mildly elevated lipase and mild anemia of uncertain clinical significance. It is unclear why further or repeat testing is needed or indicated here. Therefore, the request for laboratory blood testing is not medically necessary and appropriate.