MAXIMUS Federal Services

Case Number:	CM13-0018803		
Date Assigned:	10/01/2013	Date of Injury:	09/06/1997
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	08/30/2013

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 Internal Medicine and is licensed to practice in New York. 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:

Patient is a 50 year old with history injury 5/6/97. She had a spinal operation in 1998. A 7/29/13 visit to MD included diagnosis (dx), of spondylolysis, low back pain (LBP), and radiculopathy. A 4/13 visit states that she also has DM and increased cholesterol, patient was placed on voltaren gel. It is unclear what other meds she is on. Bloodwork is documented 2/13. An additional request was apparently made. UR denied this certification 8/29/13. An appeal was subsequently placed 10/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: BMP, Hepatic Panel, CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation NSAIDs inserts

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (voltran).

Decision rationale: The PDR states that voltaren may cause ALT/AST increase and anemia. Therefore, caution should be used, and bloodwork should be ordered if signs or symptoms (sx), develop. There is no documented evidence of why a repeat of these labs was ordered. Until furher documentation and rationale is received, the labs remain noncertified.

Point of Contact UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

Decision rationale: Per guidelines, screening urine toxicology is done for a variety of reasons. These include provider suspicion of substance abuse, to identify aberrant opioid use and to check for adherence to a prescribed program. There is no documentation as to why test was ordered. The decision of the utilization reviewer is not reversed