

<b>Case Number:</b>	CM13-0022053		
<b>Date Assigned:</b>	10/16/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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:

The patient is a 55-year-old male who reported an injury on 07/09/2012. The mechanism of injury involved repetitive work activity. The patient is diagnosed with cervicgia, degenerative cervical intervertebral disc, thoracic lumbar radiculopathy, spinal stenosis of the lumbar region, and lumbago. The patient was seen by [REDACTED] on 05/15/2013. The patient reported persistent pain. Physical examination revealed limited cervical and lumbar range of motion, tenderness to palpation, and weakness. Treatment recommendations included laboratory studies such as a CBC, panel 8, and liver function studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS: CBC, HEP PANEL, AND CHEM B:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw4260.html>

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

**Decision rationale:** The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of Non-Steroidal Anti-Inflammatory Drugs (NSAID) and acetaminophen. There has been a recommendation to measure liver transaminases

within 4 to 8 weeks after starting therapy. As per the documentation submitted, the patient does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested laboratory studies has not been established. As such, the request for LABS: CBC, HEP PANEL, AND CHEM B is non-certified.