

Case Number:	CM13-0040648		
Date Assigned:	12/20/2013	Date of Injury:	02/25/2010
Decision Date:	05/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 35-year-old female who reported an injury on 02/25/2010. The mechanism of injury was not stated. Current diagnoses include cervical spine musculoligamentous sprain, thoracic spine musculoligamentous sprain, and lumbosacral spine musculoligamentous. The injured worker was evaluated on 09/13/2013. The injured worker reported general fatigue and achiness with ongoing pain in the neck and lower back. Physical examination revealed limited cervical and lumbar range of motion, tenderness to palpation, spasm, and intact sensation. Treatment recommendations included a followup with an internal medicine physician, as well as a followup with a rheumatologist. A request for authorization was then submitted on 09/26/2013 for a complete CBC with auto differential.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC WITH AUTO DIFF WBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL INSTITUTES OF HEALTH.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, POSTOPERATIVE LABORATORY TESTING.

Decision rationale: Official Disability Guidelines state a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated. The injured worker does not meet the above-mentioned criteria as outlined by Official Disability Guidelines. There is no documentation of any signs or symptoms suggestive of anemia or a blood disorder. The medical necessity for the requested service has not been established. As such, the request is non-certified.