

Case Number:	CM13-0043892		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2004
Decision Date:	10/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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:

The injured worker is a 65 year old woman with a reported date of injury on 6/03/2004 and was last seen on 9/13/2013 by primary treating physician who noted that the injured worker had been treated for asthma exacerbation on 5/21/2013 in an urgent care clinic. She was treated with tapering dose steroids and Ventolin. She was noted to have been treated again on 6/12/2013 and received doxycycline. She was feeling better. Examination was normal. She was prescribed Nasonex 1 spray twice daily and Asmanex 220 mcg 1 puff twice daily. In addition, she was seen by an orthopedic provider on 9/12/2013 at which time she was noted to have low back pain with possible S1 radiculopathy based on MRI and electrodiagnostic studies. Although other disc herniations were noted in the lumbar spine, there weren't electrodiagnostic findings. She had an upper extremity EMG/NCV that was documented to be normal. Diagnoses included asthma, low back sprain, radiculopathy and carpal tunnel syndrome. The request was for laboratory data every six weeks. Laboratory data included Thyroid studies, CBC, BMP, LFT, Ferritin, Hemoglobin A1C and Vitamin D levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BLOOD WORK ONCE EVERY SIX MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US preventative services task force screening guidelines.

Decision rationale: It is not necessary to obtain laboratory data every six months in the absence of specific screening requirements or in the absence of abnormalities clinically. The patient's only lab abnormality noted was an elevated hemoglobin A1C of 6.2. CBC, BMP, LFT, Ferritin and Thyroid studies were normal. As such, six monthly testing of these studies is not medically necessary and not recommended.