MAXIMUS Federal Services

Case Number:	CM13-0048740		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2012
Decision Date:	03/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family Practice 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 patient is a 41-year-old female who reported an injury on 08/17/2012 after lifting a large container that reportedly caused injury to her low back. Previous treatments have included physical therapy, home exercise program, activity modification, chiropractic care, epidural steroid injections, and a TENS unit. The patient has had persistent low back pain that has been treated with medications to include anti-inflammatories. The patient's diagnoses included sprain/strain of the lumbar spine, facet restrictions of the lumbar spine, multilevel disc protrusions, lumbar spine radiculopathy, and spinal stenosis of the lumbar spine. The patient's treatment plan included authorization of quarterly labs, continuation of medications, and a follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

Decision rationale: The requested decision for CBC panel is not medically necessary or appropriate. Online resource, labtestsonline.org states that complete blood count, or CBC, test is a broad spectrum screening tool to assess for disorders to include anemia, infection, and other disease processes. The clinical documentation submitted for review does not provide any evidence of infections or anemia to warrant this type of routine testing. Additionally, the clinical documentation submitted for review does not provide previous testing. It is noted within the documentation that the patient is tested on a quarterly basis. Therefore, the determination for additional testing cannot be determined. As such, the requested CBC panel is not medically necessary or appropriate.

Hepatic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested Hepatic panel is medically necessary and appropriate. California Medical Treatment Utilization Schedule does support periodic lab testing to determine the ability for a patient's liver to metabolize medications after long term use of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does indicate that the patient has been on nonsteroidal anti-inflammatory drugs for an extended duration of time. Therefore, hepatic lab testing would be supported. As such, the requested hepatic panel is medically necessary and appropriate.

Arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

Decision rationale: The requested arthritis panel is not medically necessary or appropriate. An online resource, labtestsonline.org, states that this type of testing is appropriate for patients who have chronic inflammation. The clinical documentation submitted for review does not provide any evidence that the patient has chronic inflammation related to osteoarthritis. Therefore, this test would not be indicated. As such, the requested arthritis panel is not medically necessary or appropriate.

Chem-8 panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested Chem-8 panel is medically necessary and appropriate. California Medical Treatment Utilization Schedule does support periodic lab testing to determine the ability for a patient's liver to metabolize medications after long term use of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does indicate that the patient has been on nonsteroidal anti-inflammatory drugs for an extended duration of time. Therefore, hepatic lab testing would be supported. As such, the requested Chem-8 panel is medically necessary and appropriate.

CPK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

Decision rationale: : The requested CPK test is not medically necessary or appropriate. An online resource, labtestsonline.org, states that a CPK test is appropriate for patients with cardiac conditions. The clinical documentation submitted for review does not provide any evidence that the patient has any cardiac conditions that would require this type of monitoring. Therefore, the requested CPK is not medically necessary or appropriate.

CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

Decision rationale: The requested CRP is not medically necessary or appropriate. An online resource, labtestsonline.org, states that this test, C-reactive protein, is a non-specific test used to identify inflammatory conditions. The clinical documentation submitted for review does not provide any evidence that the patient is suffering from an inflammatory condition. As such, the requested CRP lab test is not medically necessary or appropriate.