

<b>Case Number:</b>	CM13-0052780		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/08/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 Family Practice 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 injured worker is a 40-year-old female who reported an injury on 04/08/2011. The mechanism of injury was not stated. Current diagnoses include lumbago, lumbar spine sprain/strain, cervicgia, and spasm of the cervical spine muscles. The injured worker was evaluated on 07/01/2013. The injured worker reported persistent pain. Physical examination was not provided. Treatment recommendations on that date included physiotherapy, chiropractic care, authorization for epidurals, medication refills, and a follow-up for analgesic medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIOTHERAPY (FREQUENCY, DURATION AND BODY PART UNKNOWN):**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This is a non-specific request and does not include the body part, frequency, or quantity. Therefore, the request is not medically appropriate. As such, the request for PHYSIOTHERAPY is non-certified.

**CHIROPRACTIC CARE (FREQUENCY, DURATION AND BODY PART UNKNOWN):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** This is a non-specific request and does not include the body part, frequency, or quantity. Therefore, the request is not medically appropriate. As such, the request for Chiropractic Care is Non-Certified.

**CBC, CHEM 8 AND HEPATIC PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LABTESTSONLINE MEDICAL WEBSITE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high-dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing is based on patient risk factors and related symptoms suggesting a problem. As per the documentation submitted, there was no physical examination provided for review. The injured worker does not exhibit any signs or symptoms suggesting an abnormality due to medication use. The medical necessity has not been established. Therefore, the request for CBC, CHEM 8 and Hepatic Panel Is Non-Certified.