

Case Number:	CM13-0069813		
Date Assigned:	01/03/2014	Date of Injury:	03/22/2007
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 22, 2007. Thus far, the applicant has been treated with analgesic medications and is on permanent work restrictions. A clinical progress note of October 28, 2013 is notable for ongoing complaints of wrist and low back pain. The applicant was apparently terminated from her former employment in December 2009. She did not appear to be working. The applicant was placed on oral tramadol and oral diclofenac. Physical therapy was endorsed. Laboratory testing, including CBC, urinalysis, hepatic panel, and chemistry 8 panel were sought

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for CBC, Hepatic Panel, Chem 8 to treat lumbar spine every 3 months:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effect Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggestion of monitoring in those applicant using NSAIDs chronically include CBC and chemistry profile, which includes liver and renal function testing. The interval of repeating lab tests, however, has not been established, the MTUS further notes. In this case, while laboratory testing could have been supported on the grounds that the applicant was using NSAIDs including diclofenac, the attending provider did not furnish any compelling rationale or narrative for quarterly laboratory testing. While one time laboratory testing could have been supported, the MTUS does not establish a specific role for quarterly lab testing as has been proposed here. Furthermore, the attending provider has not proffered any applicant-specific rationale which would support laboratory testing at the frequency proposed. Accordingly, the request is not certified, on Independent Medical Review