

Case Number:	CM14-0000556		
Date Assigned:	01/10/2014	Date of Injury:	08/27/2010
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 43-year-old male with a reported date of injury of 8/27/10. The mechanism of injury was not submitted with the medical records. The progress note dated 12/17/11 noted that the injured worker had diagnoses including degeneration of lumbar or lumbosacral intervertebral disc, spondylosis of unspecified site without mention of myelopathy, unspecified thoracic or lumbosacral neuritis or radiculitis, and other arthropathy. The progress note dated 12/2/13 reported that the injured worker was awaiting authorization for a lumbar spine surgery that would be a repeat lumbar spine surgery. The progress note also reported laboratory monitoring was performed at the prior office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABWORK CBC, LAB, CHEM8, HEPATIC PANEL EVERY 3 MOS.: 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 NSAIDS, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests).

The guidelines also recommend measuring liver transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. It was unclear when the injured worker last underwent laboratory monitoring. The requesting physician's rationale for the request was unclear. Additionally, the request did not specify the number of times the laboratory monitoring was to be repeated. As such, the request is not medically necessary.