

Case Number:	CM14-0108308		
Date Assigned:	08/01/2014	Date of Injury:	10/31/2002
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & Rehabilitation, 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 56-year-old female who reported an injury of an unknown mechanism on 10/31/2002. On 03/31/2014, her complaints included mid back pain radiating to the chest and bilateral upper extremities. She also reported a burning sensation to the left lower extremity with tingling, numbness, and weakness. On 04/30/2014, her diagnoses included status post lumbar fusion with lumbar radiculopathy and status post spinal cord stimulator placement with thoracic radiculitis and thoracic facet syndrome. Her treatment plan included diagnostic/therapeutic injections in the thoracic spine (including transforaminal epidural steroid injections) and medications. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Test - Date of service 5/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

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

Decision rationale: The request for a lab test date of service 05/19/2014 is not medically necessary. Per LabTestsOnline.org, clinical laboratory tests are used in medical care for screening, diagnosis, and/or management of various medical conditions. Since there was no specific lab test included in the request, the need was not clearly demonstrated. Therefore, this request for lab test date of service 05/19/2014 is not medically necessary.