

Case Number:	CM14-0109339		
Date Assigned:	08/01/2014	Date of Injury:	03/26/2011
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48 year-old individual was reportedly injured on 03/26/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 05/12/2014, indicated that there were ongoing complaints of chronic low back and right hip pains. The physical examination demonstrated lumbar spine limited range of motion, positive tenderness to palpation at the right PSIS, positive tenderness to palpation over the right greater trochanter, positive Faber test on the right, and TA and EHL 5-/5 on the right. No recent diagnostic studies are available for review. Previous treatment included massage therapy, medications, and conservative treatment. A request had been made for labs and was not certified in the pre-authorization process on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs/Med Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests on Line.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Routine blood testing on NSAID therapy.

Decision rationale: For individuals who are prescribed NSAIDs, it is recommended that there is periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. It is noted the injured worker does take naproxen after reviewing the medical documentation. However, there is no specific lab test ordered. Therefore, lacking clarification, this request is deemed not medically necessary.