

<b>Case Number:</b>	CM14-0012921		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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:

This is a 40-year-old male patient with a 9/17/10 date of injury. The mechanism of injury was not provided. Progress reports were hand written and partially illegible. A 12/18/13 progress report indicated that the patient complained of increased pain in his back and spasm in the cold weather. He stated that the pain radiated up to the neck. Objective findings demonstrated L5-S1 spasm and 60% range of motion. He was diagnosed with thoracic region sprain, lumbosacral joint sprain and sciatica. Treatment to date: medication management. (Skelaxin, Aleve, and Tylenol chronically since at least 1/11/13). There is documentation of a previous 1/23/14 adverse determination. The CBC and chemistry panel test were not certified based on the fact that there was no documentation of chronic use of medication. There was no documentations to support functional benefits of prior physical therapy or chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete Blood Count (CBC):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

**Decision rationale:** CA MTUS does not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. This patient has been on long-term chronic medications, such as Skelaxin, Aleve, and Tylenol. Guidelines do support outpatient laboratory monitoring in patients on chronic medications. Therefore, the request for complete blood count (CBC) was medically necessary.

**Complete Chemistry Panel:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

**Decision rationale:** CA MTUS does not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, it was documented that the patient has chronically been on medications, including Skelaxin, Aleve and Tylenol. Tylenol is known to be hepatotoxic over time, and Aleve is metabolized through the kidneys, which would substantiate this request for a complete chemistry panel which measures renal and hepatic function. Therefore, the request for complete chemistry panel was medically necessary.

**Physical Therapy/Chiropractic treatments Qty: 18.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic treatments. However, there was no documentation that the patient had prior physical therapy or chiropractic treatment. There were no physical therapy

notes of functional gains or pain relief. In addition CA MTUS supports only 6 session of an initial trial of chiropractic treatments to establish efficacy. The requested 18 sessions exceeds guidelines recommendations. Therefore, the request, as submitted, for physical therapy/chiropractic treatments qty: 18.00, as submitted, was not medically necessary.