

Case Number:	CM14-0018096		
Date Assigned:	04/16/2014	Date of Injury:	04/03/2011
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 Illinois. 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 51 year old male with a reported date of injury on 04/30/2011. The mechanism of injury was reported as repetitive movement causing aggravation to rheumatic disease. The medication regimen for the injured worker included losartan, simvastatin, Prilosec, naproxen and infusion of Remicade every two months. According to the clinical note provided the injured worker presented with decreased range of motion and functional deficits. The injured workers diagnoses included "ankylosing spondylitis", obesity, hypertension and increased risk of diabetes, the work related injury diagnosis is an injury to the cervical spine that has resulted in exacerbation and aggravation of the injured workers rheumatic disease according to the clinical note dated 11/27/2013. The request for authorization of labs when needed was submitted on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS WHEN NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECTS, , 70

Decision rationale: The request for Labs When Needed is non-certified. The California MTUS Guidelines recommend periodic lab monitoring of a CBC (Complete Blood Count) 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; the interval of repeating lab tests after this treatment duration has not been established. The submitted request and clinical documentation is unclear as what specific laboratory testing is being requested. It was unclear when the injured worker last underwent laboratory monitoring. Additionally, the request did not indicate a number of labs being requested or the dates on which they would be performed. Therefore the request for Labs When Needed is not medically necessary and appropriate.