

Case Number:	CM14-0018769		
Date Assigned:	06/16/2014	Date of Injury:	03/21/2013
Decision Date:	07/22/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 3/21/13. A utilization review determination dated 1/16/14 recommends non-certification of blood testing. 12/23/13 medical report identifies neck pain, arm pain, burning of the upper extremity, and pain in different areas of the extremity. On exam, Jamar dynamometer testing averaged 10 on the right and 20 on the left, and there is cervical spine tenderness. The provider requested "blood testing" without further details.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for blood testing, there is no indication regarding what specific blood tests are being requested or for what purpose. Without that information, the appropriate guideline criteria cannot be applied and the testing cannot be considered medically appropriate. In light of the above issues, the currently requested blood testing is not medically necessary.