

<b>Case Number:</b>	CM14-0127659		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/17/2000
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on July 14, 2000 secondary to motor vehicle accident. She complains of numbness in her hand, hand pain and neck pain. She had a cervical spine fusion at C5-6. MRI shows bulging at C4-5 and C6-7 above and below the fusion. She has been diagnosed with cervical degenerative joint disease and degenerative disc disease, carpal tunnel syndrome, and tarsal tunnel syndrome. She has had tarsal tunnel surgery. Her medications have included baclofen, gabapentin, Vicodin, Vicoprofen, Zanaflex, ethyl chloride spray, Pennsaid drops.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Lab Panels:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2 and 70.

**Decision rationale:** In the management of chronic pain, certain lab tests are sometimes indicated, for example, CBC and chemistry profile when NSAID's are prescribed. In this case however, there is no indication as to the specific labs being requested or the condition or

medication for which the lab tests are being requested. Therefore, initial lab panels cannot be considered medically necessary per MTUS.