

Case Number:	CM14-0159345		
Date Assigned:	10/02/2014	Date of Injury:	01/28/2000
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and Pulmonary Diseases 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:

The injured worker is a 51-year-old female who reported an injury after performing patient care on 01/28/2000. On 08/22/2014, her diagnoses included lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine radiculopathy, and right lower extremity paresthesias. Her complaints included constant mid to low back pain rated 6/10, radiating to her buttocks, hips, legs, and right foot with associated numbness, tingling, burning, stiffness and weakness, and her right leg giving way. She had limited ranges of motion in all planes. She was seen by multiple providers over the years, the last of which was in 06/2014 when her physician retired. The treatment plan included a request for baseline labs and urine drug screens to make sure she could safely metabolize and excrete the medications as prescribed and also to make sure that they were present. It further included a request for all medical records, especially diagnostics. There was no request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory testing: CBC, CRP, CPK, CHEM 8 and Hepatic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Updated July 2014

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: labtestsonline.org

Decision rationale: The request for Laboratory testing: CBC, CRP, CPK, CHEM 8 and Hepatic Panel are not medically necessary. Per labtestsonline.org, clinical laboratory tests are used in medical care, for screening, diagnosis, and/or management of various medical conditions. The complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. A C-reactive protein test (CRP) is a nonspecific test. It is used to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. CRP is not diagnostic of any condition, but can be used together with signs and symptoms and other tests to evaluate an individual for acute or chronic inflammatory conditions. There was no indication in the submitted documentation that this injured worker was exhibiting signs or symptoms of inflammation, tissue injury, or infection. Additionally, her previous medical records were being requested which could prove beneficial as baseline laboratory values. Therefore, this request for Laboratory testing: CBC, CRP, CPK, CHEM 8 and Hepatic Panel are not medically necessary.