MAXIMUS Federal Services

Case Number:	CM14-0185984		
Date Assigned:	11/13/2014	Date of Injury:	07/30/2007
Decision Date:	12/22/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 and is licensed to practice in New York. 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 reported an injury July 30, 2007. He performed duties as a "Chipperman" for a forest products company. His work consisted of placing wood on a conveyor and controlling the speed of the conveyor. He would at times have to chop wood with an axe, drag logs to the machine and empty the conveyor lines. The injury occurred as he was attempting to clear a log pileup on the conveyor. In attempting to reach and pull he experienced acute pain in the low back that travelled down the right leg. He was initially examined that day after reporting the injury to his supervisor. He received pain medications, some Physical Therapy (PT) and underwent an MRI some 4 years later (report unknown). He was laid off June 30, 2008. Most recently he felt he was getting worse and reports pain in the upper and lower back that can vary from dull to sharp and stabbing. He describes the pain as starting in the neck and upper back and spreading up and down to his toes. Pain is described as varying from 8 - 10/10 in intensity. There is reported tingling, numbness, weakness and swelling of the legs, arms and hands. Sitting, standing or walking greater than 30 minutes aggravates his pain. He feels he cannot currently lift anything. Occasionally uses a cane for ambulation. Examination elicited diffuse complaints of tenderness to touch. The member resisted movements of the hips, knees and ankles. No asymmetry was noted in the extremity examination. DTR were WNL and equal bilaterally, sensation to light touch and pinprick was WNL. The consultant conclusion was one of: History of back pain, subjective complaints of neck and upper back pain, subjective complaints of UE and LE pain. The member appears to see his PTP on an approximately 3 month interval. In a visit dated 24Jun14 the member reported not tolerating Celebrex and was switched to Mobic. He was also sent for routine bloodwork consisting of a Complete Blood Count (CBC), Hepatic Panel and Chem 8. At the next visit 23Sep14 the reported interval history and examination were unchanged. Tramadol was added and the same laboratory tests scheduled to be run. No reports of

the previous lab findings were included in the available notes. The issue in question is the RFA for a "Complete CBC w/auto diff White Blood Cell (WBC)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Complete Blood Count (CBC) w/auto diff White Blood Cell (WBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Incidence of Serious Upper Gastrointestinal Bleeding in Patients Taking Non-Steroidal Anti-Inflammatory Drugs in Japan, Acta Med Okayama, 2008, Vol 62 #1 pp 29-36

Decision rationale: NSAID's are covered in the MTUS to include the risk for GI events. The schema to determine if the patient is at risk for gastrointestinal events includes: (1) age > 65 years; (2) history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID) (e.g., NSAID + low-dose ASA). The member did not meet any of these categories and would be considered a reasonable risk for the use of NSAID's in this setting. Additionally the incidence of gastric ulcer bleeding in a large cohort study of NSAID users was calculated to be 1.29 per 1000 patient years. None of the participants who bled required transfusions or were felt to be in serious condition. In the absence of serious GI complaints or reports of hematemesis or melena a routine Complete Blood Count (CBC) would have little value and limited utility in picking up an NSAID related GI bleed.The request is not medically necessary and appropriate.