

Case Number:	CM14-0029227		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2008
Decision Date:	08/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old female who reported an injury to her neck, low back, and right upper extremity. In February of 2008 the injured worker had a fall with a resident and the injured worker reported resultant right upper extremity weakness. The injured worker reported ongoing right shoulder, neck, and low back pain. The clinical note dated 03/08/14 indicates the injured worker continuing with complaints of pain at several sites. The utilization review dated 02/25/14 resulted in a denial for a blood study, CMP, and a CBC. The denial was as a result of the injured worker showing that repeat testing is based only on the injured worker's risk factors and related to symptoms suggesting issues related to kidney or liver function. The injured worker is exhibiting no symptoms to suggest kidney or liver abnormalities. The clinical note dated 01/31/14 indicates the injured worker having previously undergone a right carpal tunnel release in 2009. A spinal cord stimulator was placed on 10/23/11. The note indicates the injured worker utilizing Percocet as well as Topamax for ongoing pain relief. The note also indicates the injured worker having been recommended for a urine drug screen at that time. The urine drug screen completed on 02/05/14 revealed the injured worker being compliant with the prescribed drug regimen. Negative findings resulted for illicit use of additional medications or drugs. The injured worker's history involves a motor vehicle accident in January of 2008. The note indicates the injured worker continuing with the use of a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 blood study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker utilizing a low dose of Percocet for ongoing pain relief. Additionally, the injured worker continues with complaints of pain at several sites which are being addressed with the use of a spinal cord stimulator. Lab studies are indicated for injured workers who have been determined to show abnormalities in metabolizing medications or nutrients. No information was submitted regarding the injured worker's kidney or liver functional status. Additionally, the injured worker had undergone a urine drug screen which revealed the injured worker to be compliant with the prescribed drug regimen. No other findings were identified in the submitted clinical notes indicating the need for lab studies. Therefore, this request is not indicated as medically necessary.

1 comprehensive metabolic 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, Pain (Chronic).

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

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1 complete blood count: Upheld

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

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: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

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