

Case Number:	CM14-0035817		
Date Assigned:	06/23/2014	Date of Injury:	02/10/2005
Decision Date:	07/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 North Carolina. 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 claimant has an original date of injury of 2/10/2005 when he experienced back pain while lifting a box at work. He has been treated with physical therapy and medication and assessed with magnetic resonance imaging. No surgery has been recommended. Ongoing low back complaints have been assessed as industrially related. Records describe a stroke in 2009 which was judged not to be industrially related. The request is for laboratory work including metabolic panel, complete blood count, hemoglobin A1C, thyroid stimulating hormone and Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Work; metabolic Panel, Lipid Panel, CBC (Complete Blood Count), Hemoglobin A1C, TSH (Thyroid Stimulating Hormone) , and Vitamin D: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Chapter 12 of ACOEM describes appropriate diagnostic and monitoring testing indicated for complaints of low back pain. Laboratory testing is not indicated for routine assessment of low back pain. The medical records do not describe any additional symptoms or

complaints that would support the need for this laboratory testing for management of the industrial injury. Therefore, the request for lab work; metabolic panel, lipid panel, cbc (complete blood count), hemoglobin a1c, tsh (thyroid stimulating hormone), and vitamin D is not medically necessary.