MAXIMUS Federal Services

| Case Number: | CM14-0060788 | | |
|---|---|---|---|
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/21/2007 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

## 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 California and Nevada. 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 62 year old male who reported an injury to his low back on 07/21/07. Clinical note dated 06/18/14 indicated the injured worker undergoing epidural steroid injection on the right at L5. A clinical note dated 05/12/14 indicated the injured worker utilizing narcotic medications to address ongoing low back complaints. Previous epidural steroid injection provided some pain relief. The utilization review dated 04/16/14 resulted in denial for lab studies as insufficient information had been submitted supporting the need for the studies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood work - Metabolic panel CBC Lipid panel Hepatic function panel Hemoglobin A1C Thyroid panel Uric acid GGT Serum Ferritin Vitamin D and Apolipoprotein A/B:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org.

**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 injured worker complained of ongoing low back pain. Lab studies are indicated for injured workers who have demonstrated significant medical necessity for these studies in order to provide a pathway to treatment. Insufficient information has been submitted regarding any need for lab studies. The injured worker underwent several avenues of conservative treatment to address the low back pain. However, it is unclear how the injured worker will benefit from the requested lab studies in regards to ongoing complaints low back complaints. Therefore, request for Blood work is not medically necessary.