

Case Number:	CM14-0062340		
Date Assigned:	07/11/2014	Date of Injury:	12/13/2004
Decision Date:	09/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 51-year-old gentleman who was reportedly injured on December 13, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicates that there are ongoing complaints of neck pain and low back pain. Current medications were stated to include Motrin, Prilosec, and Doxepin. The physical examination demonstrated decreased painful range of motion and diffuse tenderness of the cervical spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care and physical therapy. A request was made for blood work and Xanax and was not certified in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Lab Testing, Updated August 22, 2014.

Decision rationale: According to the medical record the injured employee has a diagnosis of cervical spine pain. There is no indication for blood work for the treatment of cervical spine pain. Additionally it is unclear exactly what tests are requested. Without additional justification and clarification, this request for blood work is not medically necessary.

XANAX 0.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BAILLARGEON, 2003; ASHTON, 2005.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: As the accompanying request for blood work has been determined not to be medically necessary so is this request for Xanax to be used on the day of blood testing.