

Case Number:	CM14-0063085		
Date Assigned:	07/11/2014	Date of Injury:	01/08/2004
Decision Date:	08/12/2014	UR Denial Date:	04/21/2014
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 Internal 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 claimant is a 46 yo male landscape worker for the [REDACTED] who sustained an industrial injury on 01/08/2004. He injured his lower back while working cutting trees with a chainsaw and lifting pieces of the trees into a truck. His diagnosis is lumbar strain/strain with right lower radiculitis. On exam he has tenderness and spasm to palpation over the paravertebral musculature of the lumbar spine with decreased range of motion, Motor and sensory exams are normal in the L4-S1 dermatomes. Deep tendon reflexes are normal. Treatment includes medical therapy with narcotics, chiropractic therapy, and a home exercise program. The treating provider has requested a CBC, kidney function test, hepatic function test, and a retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (complete blood count) x1: Upheld

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

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

Decision rationale: There is no documentation provided necessitating the requested CBC. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The claimant is not maintained on NSAID therapy. There is no specific indication provided for the requested laboratory study. Medical necessity has not been established. The requested service is not medically necessary.

Kidney Function Test x1: 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) Page 86.

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

Decision rationale: There is no documentation provided necessitating the requested kidney function. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The claimant is not maintained on NSAID therapy. There is no specific indication provided for the requested laboratory study. Medical necessity has not been established. The requested service is not medically necessary.

Hepatic Function Test x1: 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) Page 86.

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

Decision rationale: There is no documentation provided necessitating the requested hepatic function. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. The claimant is not maintained on NSAID therapy. There is no specific indication provided for the requested laboratory study. Medical necessity has not been established. The requested service is not medically necessary.

Retrospective Urine Drug Screen x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. There is no documentation of any history of substance abuse or issues with prescribed medications. The results of prior urine drug screens have not been reported. Medical necessity for the requested item has not been established. The requested item is not medically necessary.