

<b>Case Number:</b>	CM14-0075639		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 California. 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 48-year-old male who reported an injury 05/14/2004. The injury reportedly occurred when the crane he was operating was struck by a truck causing him to be jostled about. Upon exam on 01/11/2014 the injured worker presented with back pain. The injured worker complained of back pain, anxiety, nervousness and insomnia. The injured worker was on light duty from 05/15/2004 to 06/22/2004. The injured worker used a TENS unit and stated the treatment did not do any good. The injured worker has diagnoses of depressive disorder not otherwise specified, deferred, injury to multiple body parts including back, financial distress, social withdrawal. Examination on 12/05/2013 revealed the injured worker complained of erectile dysfunction status post lumbar spine surgery with anterior and posterior approach. He had also uncontrolled blood sugars status post injury. Medications at that time were metformin 500 mg twice daily, Glucophage 10 mg twice a day, and lisinopril 5 mg every day. Past surgical history included inguinal hernia and lumbar surgery. Prior treatments were not provided. The request is for 1 laboratory test. Rationale was not provided within the documentation. The Request for Authorization was undated and unsigned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Laboratory Test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**Decision rationale:** The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule states that NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no specific laboratory test requested, the injured worker was not noted to be taking NSAIDs, and there was no documentation regarding previous testing and results. As such, the request for 1 laboratory test is not medically necessary.