

<b>Case Number:</b>	CM14-0082612		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/08/1998
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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:

This 70 year-old injured worker sustained a low back injury on 5/8/1998 while employed by [REDACTED]. Request under consideration include Urinalysis qty 1 and CBC. The injured worker has been followed by the provider for 13 years from the work-related injury of 1998. Report of 4/8/14 from the PA noted the patient with low back, buttocks, and bilateral leg pain increased since last visit (unable to quantify increase). Norco was noted to help; however, unable to quantify and no VAS level was provided. There was no home exercise program noted. Exam showed lumbar spine with no evidence of tenderness at midline, paraspinal, or trochanters; no paraspinal spasm noted, unrestricted range with full strength in bilateral lower extremities, symmetrical 2+ reflexes, and intact sensation; SLR negative; able to walk on heels and toes without difficulty and ambulated unassisted. Diagnoses were degenerative lumbar/ lumbosacral intervertebral disc with treatment plan for medications refills and labs. The requests for Urinalysis qty 1 and CBC were non-certified on 4/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis qty 1:** 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  
Guidelines Routine Lab Suggested Monitoring Page(s): 70.

**Decision rationale:** MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with NSAIDs as chronic use can alter renal or hepatic function. Submitted reports have not adequately demonstrated symptoms complaints, clinical findings, or diagnoses related to urinary or infectious issues to support for urinalysis. There is no documentation of significant medical history or red-flag conditions to warrant for the UA. The provider does not describe any subjective complaints, clinical findings, specific diagnosis, or treatment plan involving possible urinary disturbances, lipid, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 1998. The Urinalysis qty 1 is not medically necessary and appropriate.

**CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Treatment: labs Page(s): 23, 64, 70.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic  
Pain Treatment Guidelines Routine Lab Suggested Monitoring Page(s): 70.

**Decision rationale:** MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 1998. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing or CBC has very low specificity regarding upper GI complications associated with NSAIDs. The CBC is not medically necessary and appropriate.