

Case Number:	CM14-0084738		
Date Assigned:	07/21/2014	Date of Injury:	10/24/2013
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Illinois. 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 33-year-old male who reported injury on 10/24/2013 reportedly while carrying drywall he felt a sharp pain in his lumbar spine. The injured worker's treatment history included MRI, medications, physical therapy, labs and x-ray. The injured worker underwent an MRI of the lumbar spine on 03/05/2014 revealed patchy marrow signal throughout and marrow reconversion which may be related to a blood dyscrasia, chronic anemia or myelodysplastic syndrome. Contrast enhancement in the inferior aspect of the L2-L3 disc as well as in the end-plates, which likely degenerative but potentially could be infectious spondylo-discitis. A large square shaped lesion at L4 vertebral body that enhances along the edges that was favored by the very large Schmorl's node. Further findings revealed evidence of severe central stenosis at the cauda equina level at T12-L1 with significant left-sided compression of the nerve roots and spinal cord. On 03/24/2014, the injured worker had a CRP blood Test obtained which had normal CRP of 0.2, making infection unlikely. The injured worker was evaluated on 04/29/2014 and it was documented that the injured worker complained of back pain in the upper and lower lumbar region, right leg pain rated at a 7 out of 10. Physical examination of the low back revealed 5/5 strength bilateral lower extremities, L2-S1, negative straight leg raise bilaterally and asymmetrical with reflexes with brisk 4+ patellar tendon reflex on left and 3+ on right. Diagnoses included lumbar strain, lumbar radiculopathy, multi-level lumbar thoracic or lumbosacral radiculitis and degenerative disc disease. Medications included Tramadol 50 mg, Tylenol 500 mg, ibuprofen 600 mg. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with hematologist: 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) (ODG) Pain (Chronic), Office Visits.

Decision rationale: The requested is non- certified. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation submitted failed to indicate the rational why a hematologist consultation is being requested. The documents submitted failed to indicate a medical history of recurrent bleeding, bruising, or use of antithrombotic drugs/or other drugs that may affect coagulation. The documentation submitted indicated the injured worker had a normal CRP blood test on 03/24/2014. Given the above, the request for hematologist consultation is not medically necessary.

Lab,blood, CBC with differential and complete metabolic panel: 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 Other Medical Treatment Guideline or Medical Evidence:<http://labtestsonline.org/understanding/analytes/a1c/tab/test>[http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=laboratory tests](http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=laboratory%20tests).

Decision rationale: labtestsonline.org, blood test are not usually generally in diagnosing the cause of back pain, C-Reactive Protein are used to measure inflammation , and may indicate an infection or some forms of arthritis. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases". The documents submitted failed to indicate a medical history of recurrent bleeding, bruising, or use of antithrombotic drugs/or other drugs that may affect coagulation. The documentation submitted indicated the injured worker had a normal CRP blood test on 03/24/2014. Therefore, the request for lab, CRP blood test, CBC with differential and complete metabolic panel is not medically necessary.

Lab,CRP blood test, CBC with differential and complete metabolic panel: 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, specific drug list & adverse effects Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documents submitted failed to indicate a medical history of recurrent bleeding, bruising, or use of antithrombotic drugs/or other drugs that may affect coagulation. The documentation submitted indicated the injured worker had a normal CRP blood test on 03/24/2014. Therefore, the request for lab, blood, CBC with differential and complete metabolic panel is not medically necessary.