

Case Number:	CM14-0084754		
Date Assigned:	07/21/2014	Date of Injury:	11/05/2013
Decision Date:	08/27/2014	UR Denial Date:	05/17/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine 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 22-year-old male who reported an injury on 11/05/2013. The diagnosis included lumbago. The mechanism of injury was not provided and the physical therapist included physical therapy. The documentation of 05/08/2014 revealed that the injured worker had begun to experience headaches and had unchanged low back pain and neck pain. Treatment was noted to have been marginal. The injured worker was noted to have utilized an H-Wave unit. The documentation indicated the physician was working the injured worker up for a serologic condition with labs including ESR, CRP, ANA, HLAB-27, and rheumatoid factor as well as an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective treatment for one (1) lab including ESR, CRP, ANA and HLAB-27: 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://www.nlm.nih.gov/medlineplus/laboratorytests.html>Laboratory Tests.

Decision rationale: Per nlm.nih.gov Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor disease. The clinical documentation submitted for review indicated the injured worker was being worked up for a serological condition. There was a lack of documentation of a specific condition. However, the physician failed to document the necessity and the rationale for each test and what the results, if positive, would indicate and how treatment would change. Given the above, the request for Prospective treatment for one (1) lab including ESR, CRP, ANA and HLAB-27 is not medically necessary.