

Case Number:	CM14-0089164		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2007
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on November 7, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of "total body pain" including the bilateral hips, back, wrists and hands. The physical examination demonstrated a borderline hypertensive state (130/84) with tenderness to palpation throughout the neck, back and bilateral upper extremities. The nails were noted to be brutal, dry and cracking bilaterally. Diagnostic imaging studies objectified no acute osseous abnormalities with plain films. Previous treatment included inpatient detoxification for opioid and benzodiazepine dependency, treatment for avascular necrosis of the bilateral hips, spinal cord stimulators and other pain management interventions. A request had been made for multiple labs and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count (CBC): 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of a hematological disorder requiring such an analysis. Therefore, based the limited clinical information presented for review, the medical necessity for this study cannot be established.

Complete Metabolic Panel (CMP): 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of a hematological disorder requiring such an analysis. Therefore, based on the limited clinical information presented for review, the medical necessity for this study cannot be established.

Thyroid stimulating hormone (TSH): 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of a thyroid disorder requiring such an analysis. Therefore, based the limited clinical information presented for review, the medical necessity for this study cannot be established.

Sedimentation rate: 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of an acute inflammatory disorder requiring such an analysis. Therefore, based on the limited clinical information presented for review, the medical necessity for this study cannot be established.

RH factor: 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of a hematological disorder requiring such an analysis. Therefore, based on the limited clinical information presented for review, the medical necessity for this study cannot be established.

Antinuclear Antibodies (ANA): 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of a hematological disorder requiring such an analysis. Therefore, based on the limited clinical information presented for review, the medical necessity for this study cannot be established.

C-Reactive Protein (CRP): 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 Page(s): 70.

Decision rationale: As noted in the MTUS, such studies are indicated for the routine monitoring of those individuals taking non-steroidal anti-inflammatory medications. However, the intervals for such evaluations have not been established in the medical literature. When noting the physical examination findings reported, there is no indication of a hematological disorder requiring such an analysis. Therefore, based on the limited clinical information presented for review, the medical necessity for this study cannot be established.