

Case Number:	CM14-0091630		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2011
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 Osteopathic Family Practice 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 patient is a 29 year old male who sustained an industrial injury on 9/8/11. The affected body parts are the bilateral hips, lumbar spine, bilateral lower extremities, and kidney. The patient is status post lumbar laminectomy on 7/25/13. 5/21/14 UDS was normal. The patient was evaluated on 4/49/14. He states he has never been well after his surgery; in fact he is getting worse. He complains of back pain rated 7/10. He also complains for radiation and spasms. He walks heavily on a cane. Examination reveals limited range of motion and positive toe walk. He has active L5-S1 radiculopathy on EDS. Medications consist of naproxen, omeprazole, tramadol, and tizanidine. Request is made for quarterly labs to make sure the patient can safely metabolize and excrete the medications prescribed. UR dated 5/20/14 reviewed the 4/29/14 report and non-certified the requested laboratory studies. The prior peer reviewer stated that there is no documentation of signs of inflammation or any other medical problem that would warrant the need for the chem 8 panel of tests. The prior peer reviewer noted that this is not a test that is done as a routine for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete Blood Count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://labtestsonline.org/understanding/analytes/cbc/tab/test>.

Decision rationale: The patient has failed back syndrome and is being managed by medications at the present time. While laboratory studies would not be indicated for a patient followed for chronic back pain, in this case, given that the patient is on multiple medications, the request for complete blood count would be supported and is medically necessary.