

Case Number:	CM13-0025029		
Date Assigned:	12/11/2013	Date of Injury:	01/29/1997
Decision Date:	03/19/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona
Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old male who sustained an industrial injury to his cervical and lumbar spine on 1/29/1997. This patient has undergone 8 lumbar surgeries and four cervical surgeries. He complains of pain in the lower back that radiates down the posterior lateral aspect of both lower extremities. The pain is constant and he rates it a 6-8/10. He also complains of pain in the neck which radiates into both upper extremities and again, it is constant and he rates it a 6-7/10. He also complains of occipital headaches. His list of medications include Norco for a day, Diazepam, Ambien, MSIR, MSc ER, AndroGel, Alfuzosin, and Viagra. He has a history of depression; there is no documentation of other active medical problems. A request was made for a completed blood count (CBC) and liver function tests. The reason for the requests was that the patient was on chronic medication.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Overview and NSAIDs Page(s): 1-2 and 70.

Decision rationale: The MTUS guideline states that lab tests as well as other objective findings are used in the evaluation of chronic pain since chronic pain is a subjective condition. It also states that liver transaminase levels are sometimes recommended after 4-6 weeks of non-steroidal anti-inflammatory drug (NSAID) therapy. In order to use evidence-based criteria to determine the most appropriate lab tests, proper documentation needs to be available. There is no documentation as to whether this patient has any active medical problems or is taking any medication other than what was listed above. This information would help determine the appropriateness of the requested blood tests and whether alternate tests would be more appropriate. Therefore, without further documentation, the medical necessity of a complete blood count (CBC) has not been established.

Liver function tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Overview and NSAIDs Page(s): 1-2 and 70.

Decision rationale: The MTUS guideline states that lab tests as well as other objective findings are used in the evaluation of chronic pain since chronic pain is a subjective condition. It also states that liver transaminase levels are sometimes recommended after 4-6 weeks of non-steroidal anti-inflammatory drug (NSAID) therapy. In order to use evidence-based criteria to determine the most appropriate lab tests, proper documentation needs to be available. There is no documentation as to whether this patient has any active medical problems or is taking any medication other than what was listed above. This information would help determine the appropriateness of the requested blood tests and whether alternate tests would be more appropriate. Therefore, without further documentation, the medical necessity of liver function tests has not been established.