

<b>Case Number:</b>	CM14-0110120		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 57 year-old female who was injured on 12/21/10 due to lifting 40 pound boxes. She complained of lower back pain radiating to lower extremities with numbness. CT lumbar spine showed multilevel degenerative disc disease with retrolisthesis L2-3 and L5-S1, canal stenosis and neural foraminal narrowing of L2-3, L4-5, and L5-S1. The discogram showed pain was concordant at L5-S1. MRIs of lumbar spine in 2011 and 2012 showed lumbar disc bulges with facet arthropathy. She had an abnormal electrodiagnostic test showing possible left S1 sacral radiculopathy. She was diagnosed with herniated lumbar disc, advanced facet arthropathy of L4-5 and L5-S1, and lumbar radiculopathy. She had a history of lumbar rhizotomy. She had two epidural injections of her lumbar spine which helped her pain temporarily. She had 14 chiropractic visits, 14 physical therapy visits, and 8 acupuncture visits which helped her pain temporarily. Her medications included Norco, Senokot, and Celebrex. The current request is for lab collection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab collection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association CPT (Current Procedural Terminology)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 304.

**Decision rationale:** There are no direct MTUS or ODG guidelines to address this but since the patient had chronic back pain, MTUS guidelines did not reveal any lab work that was essential for diagnosis. Chronic pain medications often need to be monitored which was already addressed through a liver and renal function test. This request for lab collection does not have any rationale or medical indications listed. Therefore, the request is considered not medically necessary.