

Case Number:	CM14-0167706		
Date Assigned:	10/15/2014	Date of Injury:	06/30/2004
Decision Date:	02/17/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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 Emergency 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:

Patient with reported date of injury on 6/30/2004. Mechanism of injury was not documented. Patient has a diagnosis of L4-5 artificial disc replacement and L5-6 anterior-posterior fusion; lumbosacral radiculopathy, bilateral foot pain vs neuropathy; chronic pain, insomnia and "low back and lower extremity with concurrent abdominal pain". Medical reports reviewed. Last report available until 9/9/14. Patient complains of low back pain radiating to bilateral lower extremity. Progress note states that patient has "coexisting medical problems" including "gastrointestinal issues", uterine fibroids and underlying psychiatric problems. Objective exam was review. Laboratory request was for "long term medication usage to evaluate liver and kidney function." No laboratory testing results were provided for review except for urine drug panel. Current medications include Lunesta, Gabapentin and Soma. Independent Medical Review is for Complete Blood Count and Vitamin D3. Prior Utilization Review on 9/29/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or tagretol. There is some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. The justification for the labs ordered documented by the provider does not make sense since a CBC does not test for liver or kidney function. Patient is not on any of the medications recommended for routine testing. CBC is not medically necessary.

Vitamin D3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or tagretol. There is some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. The justification for the labs ordered documented by the provider does not make sense since Vitamin D3 level does not test for liver or kidney function. Patient is not on any of the medications recommended for routine testing. Vitamin D3 is not medically necessary.