MAXIMUS Federal Services

Case Number:	CM14-0095592		
Date Assigned:	07/25/2014	Date of Injury:	06/16/1997
Decision Date:	02/11/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Rehabilitation 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 Injured Worker is a 64 year old woman being treated for an industrial right shoulder and low back pain. No prior imaging studies for her body were provided. PE demonstrated normal range of motion, sensation and strength. IW had decreased heel to toe and unsteadiness. Diagnoses 1. Rotator cuff tear 2. Lumbar spondylolisthesis. UR denied the request for CMP due to the IW's medication not warranting the requested tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS- CMP: Overturned

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 NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The medical records provide one progress report from 6/3/2014. The reports states the IW was taking Celebrex for an undetermined amount of time. Also included were the results of the CMP. The CA MTUS states, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after

starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." In the absence of prior serologic monitoring, per the guidelines the request for CMP provided is medically necessary.