

Case Number:	CM15-0002362		
Date Assigned:	01/26/2015	Date of Injury:	04/06/2009
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 82 year old male was injured 4/6/09 in an industrial accident. Current symptoms include constant lower back pain with radiation to legs and numbness and tingling bilaterally. The pain intensity was 7/10. The pain has compromised his ability to perform activities of daily living and sleep. He uses crutches to ambulate. Medication is Norco and offers moderate relief of symptoms. Diagnoses include lumbar disc disease, lumbosacral neuritis and disorder of the coccyx. Regarding treatments, there was a request for physical therapy but there is no documentation as to whether the injured worker received the treatment. Laboratory findings to determine the level of prescription medications was done and was consistent with current medication regimen. Radiographs of the lumbar spine (7/16/14) were reviewed and were abnormal. Electro diagnostic testing was done 10/1/14 and was abnormal. The treating physician requested labs due to medications to include CBC, comprehensive metabolic panel, rheumatoid arthritis panel and Norco 10/326 mg #90. On 12/3/14 Utilization review non-certified the requests for labs due to medications to include CBC, comprehensive metabolic panel, rheumatoid arthritis panel based on American Society of Interventional Pain Physicians and Norco 10/326 mg #90 MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Rheumatoid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians guidelines for responsible opioid prescribing in chronic non-cancer pain: part 2 - guidance.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Staiger TO, et al. Diagnostic testing for low back pain. Topic 7783, version 34.0. UpToDate, accessed 03/14/2015.

Decision rationale: The MTUS Guidelines are silent on this specific issue. An evaluation for lower back pain should start with a very detailed exploration of the worker's experience with the pain and is followed by a thorough documented examination. The submitted and reviewed records described on-going back pain. There was no discussion that suggested atypical findings or special circumstances that sufficiently supported this request. Further, the request did not indicate the specific laboratory blood tests that were needed. For these reasons, the current request for a rheumatoid panel of laboratory tests is not medically necessary.