

Case Number:	CM15-0007013		
Date Assigned:	01/26/2015	Date of Injury:	10/18/2012
Decision Date:	03/13/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 10/18/2012. He was diagnosed with a cervical strain. On physician's progress report dated 12/19/2014 the injured worker has reported she had stopped using Lipitor. Examination noted that the injured workers blood pressure is better controlled on new medication. The diagnoses have included hypertension. The claimant had been on opioids, and muscle relaxants. On 12/4/14 the claimant had a blood panel indicating normal renal function , Hgb A1c, unremarkable CBC and a total cholesterol of 280. On 1/5/2015 Utilization Review non-certified blood work, noting guides do not recommend testing where it is unrelated to the injury. The non MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work, provided on November 21, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89, Chronic Pain Treatment Guidelines NSAIDs 67, Opioids 82-92.

Decision rationale: According to the ACOEM guidelines, the occupational health professional managing the case must be sure that the studies are indicated and are specific and sensitive for the related condition. Testing can be done to confirm clinical data. In addition, effective therapy should be available for any condition that the clinician attempts to identify. In those with high risk and on medications chronically such as opioids and NSAIDs- monitoring of liver function tests and renal panels is appropriate. These panels are also appropriate in those with hypertension or hyperlipidemia. In this case, the request for blood work is non-specific and there was no indication for additional labs such as an A1c or TSH. Therefore, the request for blood work is not medically necessary.