

Case Number:	CM15-0014770		
Date Assigned:	02/02/2015	Date of Injury:	07/02/2010
Decision Date:	04/01/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/26/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 57-year-old female, who sustained an industrial injury on July 2, 2010. She has reported low back pain, neck pain, right shoulder pain, anxiety, depression and trouble sweeping. The diagnoses have included cervical strain, right shoulder sprain, lumbar disc herniation, spondylolisthesis of the lumbar 4-5 level, idiopathic scoliosis of the right thoracic and left lumbar region, anxiety, depression and anxiety. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention of the lumbar spine, conservative therapies, pain injections, pain medications and work restrictions. Currently, the IW complains of low back pain, right shoulder pain, neck pain, depression, anxiety and insomnia. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated with multiple conservative and invasive therapy techniques without resolution on the pain. Evaluation on October 16, 2013, revealed continued chronic pain. She was noted to be profoundly depressed. Anti-psychotics and pain medications were renewed and adjusted and trigger point injections were administered. Evaluation on November 15, 2013, revealed an improvement in depression after starting Lexapro, however she continued to have pain. Evaluation on February 7, 2014, revealed continued pain radiating from the low back into the back of the right thigh. Evaluation on July 14, 2014, revealed moderately impaired daily functioning secondary to cognitive difficulties. Evaluation on December 10, 2014, revealed continued pain. It was noted a previous urinary drug screen for monitoring of medication compliancy was inconsistent with expectations. On December 17, 2014, Utilization Review non-certified a request for Laboratory blood Test, noting the MTUS, ACOEM Guidelines, (or ODG)

was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested Laboratory blood Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory blood Test: Upheld

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 9792.20 - 9792.26 Page(s): 43, 77.78.

Decision rationale: This injured worker has the non-specific request for laboratory blood test. It is not clear if this is a test related to drug testing or another laboratory study. If it is related to drug testing, it is not clear why a urine drug test is not being used as this was utilized in the past. The records do not substantiate clinical reasoning or justify why the blood work is needed nor do they specify the exact test to be ordered. The medical necessity of a laboratory blood test in this worker with chronic pain is not substantiated.