

Case Number:	CM15-0148598		
Date Assigned:	08/11/2015	Date of Injury:	08/04/2014
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: North Carolina
 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:

This 37 year old male sustained an industrial injury on 8-04-14. He subsequently reported low back pain. Diagnoses include lumbar sprain, cervical sprain and left knee sprain. Treatments to date include prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination of the cervical spine, there was tenderness in the paravertebrals as well as trapezius mostly on the left side; range of motion was slightly reduced. Examination of the thoracolumbar spine reveals tenderness, spasm and trigger points noted throughout the thoracolumbar paravertebrals. There is slight swelling as well as tenderness throughout the left hamstrings. Lumbar range of motion is painful. Straight leg raising is positive bilaterally. A request for Complete blood count with differential and Comprehensive metabolic panel was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count with differential: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, CBC.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to-date guidelines states that a complete blood count is indicated in the evaluation of disorders of hemoglobin, platelets and white blood cells. This can include bleeding disorders, infection, bone marrow disorders, anemia or cancers. The patient has no indication in the provided clinical records for these disorders and therefore the request is not medically necessary.

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, CMP.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to-date guidelines states that a comprehensive metabolic panel is indicated in the evaluation of electrolyte disorders, renal function, kidney function and blood sugar. The patient has no indication in the provided clinical records for these disorders. Therefore, the request is not medically necessary.