

Case Number:	CM15-0149642		
Date Assigned:	08/12/2015	Date of Injury:	10/18/2012
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female who sustained an industrial injury on 10-18-12. She had complaints of pain in her back, shoulders, neck, head, arms, and hands. Diagnoses include: neck contusion, pain in neck, cervical sprain, neck muscle spasm, lumbar sprain and strain and situational anxiety. Treatments include: medication and chiropractic. Agreed medical examination dated 6-8-15 reports psychiatric evaluation. She has increased anxiety, fearfulness depressed mood and intrusive recollections of the traumatic incident. Diagnoses include: chronic pain. Diagnoses in report 10-16-13 include: cervical spondylosis, multilevel with residual radicular symptomatology superimposed on carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs routine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, History and Physical Examination.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained for this chronic 2012 injury. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Labs routine is not medically necessary or appropriate.