

<b>Case Number:</b>	CM15-0191209		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 Jersey, New York  
 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 62 year old female, who sustained an industrial-work injury on 6-19-12. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial spasms, stress, anxiety, depression, headaches, lumbar radiculopathy and internal derangement bilateral shoulders. The pain is rated 8-9 out of 10 on the pain scale which has been unchanged. Per the treating physician report dated 2-3-15 the injured worker has not returned to work. Treatment to date has included pain medication, diagnostics, physical; therapy, off of work and other modalities. The current medications are not noted. Medical records dated (2-3-15 to 8- 24-15) indicate that the injured worker complains of back pain and bilateral shoulder pain. The injured worker reports that her activities of daily living (ADL) are affected due to pain. The physician indicates that progression is slower than expected. The medical legal report dated 8-24-15 the physician indicates that the injured worker has been prescribed Nonsteroidal anti-inflammatory drugs on a long term basis and guidelines and package inserts for Nonsteroidal anti-inflammatory drugs recommend periodic lab monitoring. The physical exam dated from (2-3-15 to 8-24-15) reveals limited range of motion of the lumbar spine due to pain and limited range of motion of the bilateral shoulders. There is pain with palpation of the bilateral shoulders and lumbar spine. There is swelling in the bilateral shoulders. There is trigger points in the lumbar area and bilateral shoulders. The requested service included Lab Test - Routine. The original Utilization review dated 9-2-15 modified the request for Lab test -routine modified to hepatic and renal labs.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lab Test - Routine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function.

**Decision rationale:** The request as stated is not medically necessary. The patient had been chronic NSAIDs. According to MTUS guidelines, there is a risk of renal dysfunction and NSAIDs are contraindicated with renal insufficiency. It is reasonable to monitor renal function through lab tests. However, the request was for routine lab work which was not specified. Therefore, the request is not medically necessary as stated.