

<b>Case Number:</b>	CM15-0195774		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/30/2002
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 9-30-2002. Medical records indicate the worker is undergoing treatment for right plantar fasciitis, lumbar disc protrusion and herniation with severe spinal stenosis, lumbar facet arthropathy, bilateral lumbar 4-5 radiculopathy, obesity, chronic low back pain and insomnia secondary to pain. Subjective complaints on 5-6-2015 included low back pain rated 8 out of 10 with anxiety, stress and insomnia. A recent progress report dated 8-26-2015, reported the injured worker complained of constant low back pain with radiation to the bilateral lower extremities rated 7 out of 10 and insomnia. Physical examination revealed "restricted lumbar range of motion" and bilateral positive straight leg raise test. Treatment to date has included physical therapy and medication management. The physician is requesting Lab studies: CMP, BMP, LFT, ESR, CRP, Vitamin D level, Vitamin B12 level, 18 chiropractic treatments for the lumbar spine, Flexeril 10mg #30 and Voltaren gel 1% 100gm-5packs. On 9-9-2015, the Utilization Review noncertified the request for Lab studies: CMP, BMP, LFT, ESR, CRP, Vitamin D level, Vitamin B12 level, 18 chiropractic treatments for the lumbar spine, Flexeril 10mg #30 and Voltaren gel 1% 100gm-5packs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab work: Comprehensive metabolic panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Comprehensive metabolic panel is not medically necessary.

**Lab work: Basic metabolic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Lab work: Basic metabolic panel is not medically necessary.

**Lab work: Liver function tests:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Lab work: Liver function tests are not medically necessary.

**Lab work: ESR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Lab work: ESR is not medically necessary.

**Lab work: CRP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Lab work: CRP is not medically necessary.

**Lab work: Vitamin D:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Vitamin D is not medically necessary.

**Lab work: Vitamin B12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Vitamin B12 is not medically necessary.

**Eighteen chiropractic treatments to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The request is for 18 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 18 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Eighteen chiropractic treatments to the lumbar spine are not medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril 10mg #30 is not medically necessary.

**Voltaren gel 1% 100gm (5 packs):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Voltaren gel 1% 100gm (5 packs) is not medically necessary.