

Case Number:	CM15-0196560		
Date Assigned:	10/23/2015	Date of Injury:	10/22/2002
Decision Date:	12/17/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 10-22-2002. The injured worker is undergoing treatment for multiple myeloma. Medical records dated 8-5-2015 indicate the injured worker complains of bone pain and increased neck and back pain. He reports overall pain is better since right hip arthroplasty Physical exam dated 8-5-2015 notes improved gait and the injured worker no longer uses a cane. Treatment to date has included high dose therapy with autologous stem cell transplant, Revlimid, labs, surgery, medication. The original utilization review dated 9-30-2015 indicates the request for retrospective labs DOS 9-23-2015 partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro labs, Blood count; Complete CBC automated to include (Hgh, Hct, RBC, WBC & platelet count) and automated differential WBC count, DOS: 9/23/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/cbc/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptodateLabtestsonline.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate and Lab tests online were reviewed. Review of submitted medical records do indicate that this injured worker is undergoing treatment for multiple myeloma, has ongoing complaints, especially bone pain. The treating provider's request for Retro labs, Blood count; Complete CBC automated to include (Hgh, Hct, RBC, WBC & platelet count) and automated differential WBC count is medically necessary and appropriate.

Retro labs, Lipid panel to include Cholesterol, serum, total Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) and Triglycerides, DOS: 9/23/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/lipid/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptodateLabtestsonline.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate and Lab tests online were reviewed. Review of submitted medical records do indicate that this injured worker is undergoing treatment for multiple myeloma, has ongoing complaints, especially bone pain. The treating provider's request for Retro labs, Lipid panel to include Cholesterol, serum, total Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) and Triglycerides is medically necessary and appropriate.

Retro labs, Comprehensive metabolic panel to include Albumin, Bilirubin, total Calcium, total Carbon dioxide (bicarbonate), Chloride, Creatinine, Glucose Phosphatase, Alkaline, Potassium, Protein, total Sodium, Transferase, alanine amino (ALT) (SGPT), Transferase, aspartate amino (AST) (SGOT) and Ur: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/cmp>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptodateLabtestsonline.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate and Lab tests online were reviewed. Review of submitted medical records do indicate that this injured worker is undergoing treatment for multiple myeloma, has ongoing complaints, especially bone pain. The treating provider's request for Retro labs, Comprehensive metabolic panel to include Albumin, Bilirubin, total Calcium, total Carbon dioxide (bicarbonate), Chloride, Creatinine, Glucose Phosphatase, Alkaline, Potassium, Protein, total Sodium, Transferase, alanine amino (ALT) (SGPT), Transferase, aspartate amino (AST) (SGOT) and Urea nitrogen (BUN) is medically necessary and appropriate.

Retro labs, Hemoglobin, glycosylated (A1C), DOS: 9/23/15: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptodateLabtestsonline.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate and Lab tests online were reviewed. Review of submitted medical records do indicate that this injured worker is undergoing treatment for multiple myeloma, has ongoing complaints, especially bone pain. The treating provider's request for Retro labs, Hemoglobin, glycosylated (A1C), is medically necessary and appropriate.

Labs, unspecified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptodateLabtestsonline.

Decision rationale: CA MTUS and ODG do not address this, therefore alternate guidelines including Uptodate and Labtestsonline were reviewed. Determination cannot be made as the requested treatment is not specific. The Requested Treatment: Labs, unspecified is not medically necessary and appropriate.