

<b>Case Number:</b>	CM15-0200826		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 25 year old female with a date of injury of August 12, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral back pain possibly sacroiliac joint mediated with possible sacroiliitis and L5-S1 retrolisthesis with a right side pars defect. Medical records dated June 19, 2015 indicate that the injured worker complained of significant pain on both sides of the back. A progress note dated July 29, 2015 documented complaints similar to those reported on June 19, 2015. Per the treating physician (July 29, 2015), the employee had work restrictions including a fifteen pound weight lifting limit, no trash duty, and no repetitive bending, lifting, or stooping. The physical exam dated June 19, 2015 reveals tenderness to palpation over the sacroiliac joint region, positive facet stress maneuvers bilaterally, slightly impaired range of motion of the lumbar spine to the right, and positive FABERE exam bilaterally. The progress note dated July 29, 2015 documented a physical examination that showed tenderness to palpation of the bilateral sacroiliac joints, and lumbosacral junctions, and sacroiliac joint pain bilaterally with FABERE maneuver. Treatment has included medial branch block (June 5, 2015) with 20% relief for about three to four hours, least eleven sessions of physical therapy, and cortisone injections. The treating physician documented (July 29, 2015) a request for blood tests to evaluate for sacroiliitis. The original utilization review (September 23, 2015) non-certified a request for a screening blood test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laboratory test screening blood test:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines are silent on this specific issue. The Guidelines generally encourage those treatments, studies, and care elements that are medically needed to improve and maintain a worker's function and that have research suggesting the benefit to the worker is expected to outweigh the risks of complications and negative side effects. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. The request did not specify what specific laboratory tests would be included, and this does not allow for a determination of medical need. For this reason, the current request for a laboratory test screening blood test is not medically necessary.