MAXIMUS Federal Services

Case Number:	CM15-0203950		
Date Assigned:	11/06/2015	Date of Injury:	04/27/1975
Decision Date:	12/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 61 year old male, who sustained an industrial injury on 4-27-1975. The injured worker is being treated for lumbar degenerative disc disease, lumbar facet arthropathy, lumbar retrolisthesis, status post radiofrequency ablation and lumbar myofascial pain. Treatment to date has included medications, medial branch block, 8 sessions of physical therapy, lumbar rhizotomy (4-03-2014 and 2-19-2015), and trigger point injections. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker presented for pain management follow-up. He reported persistent back pain which he rates as 3-4 out of 10 today, with medication. He says that he has been the same, ad reports more activity doing light yard work. Current medications include Norflex, Naproxen Sodium, Norco, and Tramadol ER. Medications alleviate his pain 50-60% temporarily and increase his walking distance by 60 minutes. He also takes Senokot for occasional constipation. Objective findings included decreased tenderness to palpation over the lumbar facet joints bilaterally. Range of motion, especially extension, was limited by pain. There were positive muscle spasms. Work status was deferred to the PTP. The plan of care included refills of prescribed medications. Authorization was requested for laboratory evaluation (CBC, CMP, venipuncture, specimen handling, device handling, therapeutic phlebotomy, collection processing and storage of autologous blood and unlisted procedure, report or service). On 10-07-2015, Utilization Review non-certified the request for laboratory evaluation and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Complete blood count (CBC) Complete metabolic panel (CMP) Venipuncture, specimen handling, device handling, therapeutic phlebotomy, collection processing and storage of autologous blood and unlisted report or service: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: This 61 year old patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 04/27/1975. The patient's diagnoses include lumbar disc disease, lumbar facet disease, lumbar myofascial pain, and the patient has had radiofrequency ablation for pain. The medications taken include tramadol, naproxen, Norco, and Norflex. The patient has become opioid dependent. On exam there is tenderness to palpation of lumbar facet joints and his ROM is reduced in extension from pain. This review addresses a request for laboratory testing of a CBC and a complete metabolic panel (CMP). The CBC is a set of laboratory test that measures hemoglobin, platelets, and white blood cells. It may be medically indicated to diagnose anemia, easy bruising, infection, or inflammation. In this case there is no documentation of any fever, chills, epigastric pain, melena, bleeding or bruising. The CMP measures blood sugar, kidney function, electrolytes, and liver enzymes. There is no documentation of any disorder affecting these organ systems. This patient's medications include an NSAID, naproxen, which can cause GI bleeding and may be contraindicated in patients with decreased kidney function. There is no documentation of what the last CBC or CMP showed, nor when they were taken. Based on the documentation, a CBC and a CMP are not medically necessary.