

<b>Case Number:</b>	CM15-0204450		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/23/2006
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 43 year old female who sustained an industrial injury on 6-23-2006. A review of medical records indicates the injured worker is being treated for lumbago left lower extremity sciatica. Gabapentin was helping a lot with pain which was 3 out of 10 with Percocet and a 7-8 out of 10 without it. Physical examination noted she is very slowly taking care of self-laundry but not housecleaning. Treatment has included epidural injection which was noted as not as helpful which lasted 3 weeks. Further treatment has included Percocet and Gabapentin. Utilization review form dated 9-25-2015 noncertified laboratory studies (CBC, SED rate, ANA, Rheumatoid factor, liver and renal panel).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete Blood Count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna, Lab Tests.

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

**Decision rationale:** ACOEM page 304 table 12.7 lists 0 (no value) for lab tests ability to identify and define low back pathology. ACOEM does not list lab tests as recommended for any low back condition. The request is not medically necessary.

**SED Rate:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna, Lab Tests.

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

**Decision rationale:** ACOEM does not support facet injections. Efficacy is not confirmed. There is limited proof of long term functional benefit, the request is not medically necessary.

**ANA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna, Lab Tests.

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

**Decision rationale:** ACOEM does not support facet injections. Efficacy is not confirmed. There is limited proof of long term functional benefit, the request is not medically necessary.

**Rheumatoid Factor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna, Lab Tests.

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

**Decision rationale:** ACOEM does not support facet injections. Efficacy is not confirmed. There is limited proof of long term functional benefit, the request is not medically necessary.

**Liver and Renal Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna, Lab Tests.

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

**Decision rationale:** ACOEM does not support facet injections. Efficacy is not confirmed. There is limited proof of long term functional benefit, the request is not medically necessary.