

Case Number:	CM15-0205882		
Date Assigned:	10/22/2015	Date of Injury:	10/22/2013
Decision Date:	12/08/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury on 10-22-13. A review of the medical records indicates he is undergoing treatment for diabetes mellitus, lumbar disc displacement, and lumbosacral neuritis. Medical records (5-8-15, 6-5-15, 7-2-15, and 9-28-15) indicates ongoing complaints of low back pain that radiates to his left leg. He reports associated numbness and tingling, at times, and rates his pain "7-8 out of 10". He also indicates that the pain is worse in the evening and at night. The physical exam (8-28-15) reveals tenderness to palpation of the lumbar spine with noted spasms, decreased range of motion, sensation, and strength. The straight leg raise is positive on the left. Diagnostic studies have included an MRI of the lumbar spine, showing mild bilateral neuroforamina narrowing and central disc protrusion with annular tear at L4-L5 and at L5-S1, an 8 millimeter paracentral disc protrusion with annular tear minimally contacting the descending right S1 nerve root and moderate bilateral neuroforamina narrowing; findings may be associated with S1 radiculopathy. Treatment has included a home exercise program, a TENS unit, and medications. His medications include Gabapentin. The treating provider checked "blood test" under the "Toxicology Test" section of the progress record on 8-28-15. The provider also documented "needs blood test" under the medication section of the progress record. The 9-28-15 work status form indicates that the injured worker is "off work". The utilization review (10-3-15) includes requests for authorization of a physical measurement test and a blood test. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Measurement Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional capacity evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional improvement measures and Other Medical Treatment Guidelines ACOEM Chapter 7, page 137-139.

Decision rationale: The patient presents with low back pain radiating to the left lower extremity. The request is for physical measurement test. Physical examination to the lumbar spine on 07/02/15 revealed tenderness to palpation to the lumbosacral region. Range of motion was noted to be limited. Straight leg raising test was positive on the left. Per 08/28/15 Request For Authorization form, patient's diagnosis include lumbar disc displacement, and lumbosacral neuritis nos. Patient's medication, per 08/28/15 RFA includes Neurontin. Per 09/25/15 Work Status Form, patient is to remain off work until 11/05/15. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations, may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." ODG-TWC, Pain Chapter under Functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Treater has not provided reason for the request, nor specifically discussed what the request for physical measurement test entails. It would appear this request pertains to functional capacity evaluation. UR letter dated 10/03/15 states "Recommendations were not made for participation in work hardening (WH). The most current available records do not reflect that MMI was close or had been reached and a pending AME suggests that some issues in this case remain to be clarified. Guidelines do not support the use of an FCE for individuals with similar presentations and histories." ACOEM and ODG do not support functional capacity evaluations solely to determine impairment/disability level, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer or claim's administrator. Therefore, the request is not medically necessary.

Blood Test: Overturned

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): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation, www.nlm.nih.gov/medlineplus/ency/article/003642.htmwww.nlm.nih.gov/medlineplus/ency/article/003468.htmwww.labtestsonline.org/understanding/analytes/cmp/tab/test/.

Decision rationale: The patient presents with low back pain radiating to the left lower extremity. The request is for blood test. Physical examination to the lumbar spine on 07/02/15 revealed tenderness to palpation to the lumbosacral region. Range of motion was noted to be limited. Straight leg raising test was positive on the left. Per 08/28/15 Request For Authorization form, patient's diagnosis include lumbar disc displacement, and lumbosacral neuritis nos. Patient's medication, per 08/28/15 RFA includes Neurontin. Per 09/25/15 Work Status Form, patient is to remain off work until 11/05/15. MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs specific drug list & adverse effects section, page 70 regarding CBC testing does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at www.nlm.nih.gov/medlineplus/ency/article/003642.htm, states that a complete blood count (CBC) test measures the following: The number of red blood cells (RBC count), The number of white blood cells (WBC count), The total amount of hemoglobin in the blood, and The fraction of the blood composed of red blood cells (hematocrit). It also says that it may be used to: Diagnose infections or allergies; Detect blood clotting problems or blood disorders, including anemia; and Evaluate red blood cell production or destruction. As for CMP, MedlinePlus at www.nlm.nih.gov/medlineplus/ency/article/003468.htm states that "A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy." The resource also states that "This test will give your doctor information about: How your kidneys and liver are working; Blood sugar, cholesterol, and calcium levels; Sodium, potassium, and chloride levels (called electrolytes); Protein levels. Your doctor may order this test during a yearly exam or routine checkup." At labtestsonline.org/understanding/analytes/cmp/tab/test/ states, "The comprehensive metabolic panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney or liver-related side effects. If a health practitioner is interested in following two or more individual CMP components, he or she may order the entire CMP because it offers more information." The treater has not specifically addressed this request. Review of the medical records provided did not indicate prior blood tests. MTUS supports the monitoring of CBC when patient is taking NSAIDs. In this case, the medical files did not indicate that the patient is utilizing NSAIDs. However, in progress report dated 05/08/15, the treater states that the patient is diabetic and has been utilizing PENS for managing diabetes. The patient received prescriptions for Metformin on 4/21/15 and 03/24/15. The guidelines support a comprehensive metabolic panel for patients with diabetes. This request appears reasonable and within guideline recommendations. Therefore, the request is medically necessary.