

Case Number:	CM15-0021872		
Date Assigned:	02/11/2015	Date of Injury:	04/21/2004
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 42 year old male with an industrial injury dated 04/21/2004. His diagnoses include cervicgia, lumbago, lumbar radiculopathy and sciatica. Recent diagnostic testing has included a CT scan of the cervical spine (11/24/2014) showing mild degenerative changes with anterior osteophytes, mild disc height loss, mild bony spurring, and mild bilateral foraminal canal narrowing, and a MRI of the lumbar spine (06/20/2014) showing multilevel post-operative changes with facet hypertrophy narrowing the lateral recess bilaterally. Previous treatments have included medications. In a progress note dated 01/08/2015, the treating physician reports increased pain and spasms in the low back and legs, pain in the liver and kidney regions, numbness in the neck and shoulders, persistent numbness in the low back and right leg, and numbness in the sub-occipital occipital regions and the sides of the head. The objective examination revealed spasms to the cervical and lumbar spines, limping gait using a cane, and decreased range of motion in the cervical and lumbar spines. The treating physician is requesting facet block injections and laboratory testing which were denied by the utilization review. On 01/20/2015, Utilization Review non-certified requests for complete blood count; however, there was no rationale provided for this requested service. The MTUS Guidelines were cited. On 01/20/2015, Utilization Review non-certified a request for comprehensive metabolic panel; however, there was no rationale provided for this requested service. The MTUS Guidelines were cited. On 01/20/2015, Utilization Review non-certified a request for facet block injection of C4-C5, noting the lack of documentation showing that the injured worker was unresponsive to conservative acer treatments, and the lack of documentation that the injured

worker will be participating in active therapy program in conjunction with this requested service. The ACOEM and ODG Guidelines were cited. On 02/05/2015, the injured worker submitted an application for IMR for review of complete blood count, comprehensive metabolic panel, and facet block injection C4-C5.

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 <http://www.healthcarecompliance.info/cbc.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete blood count (CBC). MedlinePlus Medical Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>. Accessed 04/01/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and abdomen; leg spasms; and numbness in the neck, shoulders, right leg, and back and sides of the head. There was no assessment of the worker's abdominal pain or discussion that sufficiently detailed special circumstances that would support this treatment in this setting. In the absence of such evidence, the current request for complete blood count panel blood testing is not medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcarecompliance.info/cmp.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 04/01/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and liver function. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and abdomen; leg spasms; and numbness in the neck, shoulders, right leg, and back and sides of the head. There was no assessment of the worker's abdominal pain or discussion that sufficiently detailed special circumstances that would support this treatment in this setting. In the absence of such evidence, the current request for complete metabolic panel blood testing is not medically necessary.

Facet Block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174 and 181, page(s) 300 and 307.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and abdomen; leg spasms; and numbness in the neck, shoulders, right leg, and back and sides of the head. There was no discussion that sufficiently detailed special circumstances that would support this treatment in this setting. In the absence of such evidence, the current request for a facet block injection at an unspecified level is not medically necessary.