

<b>Case Number:</b>	CM15-0222679		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: North Carolina  
 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 56 year old female who sustained an industrial injury on 6-15-99. Medical records indicate that the injured worker has been treated for low back pain; lumbar post-laminectomy syndrome; lumbosacral radiculitis. She currently (10-19-15) complains of chronic, constant low back pain radiating into the left groin and left buttock. She has tingling in feet, muscle spasms and sleep difficulties. In addition, there was ongoing left lower extremity weakness with occasional giving out of the leg. She reports that her lower extremity radicular pain is reduced by 50% with gabapentin but her axial low back pain has increased. "Functional gains from meds include substantial assistance with activities of daily living, mobility and restorative sleep, contributing to her quality of life." Physical exam of the lumbar spine revealed tenderness at bilateral facet joints, tenderness of the paraspinal region at L4. Treatments to date include Skelaxin, celicoxib, omeprazole, gabapentin, Cymbalta. In the 10-19-15 note, the treating provider's plan of care included a request for blood panel. The request for authorization was not present. On 11-9-15 Utilization Review non-certified the request for blood panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 106-115.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** The ACOEM, California MTUS and ODG all espouse the use of certain laboratory testing in the treatment of patients with chronic pain for such things as potential organ damage, drug screening for compliance to medication, etc. The provided documentation for review does not give any indication for the nature or need of this particular requested test. The request gives no specifics on the type of blood test or medical need for the tests. Therefore, the request is not medically necessary.