

<b>Case Number:</b>	CM15-0041785		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male who sustained an industrial injury on 12/6/08. The injured worker reported symptoms in the back and left lower extremity. The injured worker was diagnosed as having myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy, trochanteric bursitis and lumbar degenerative disc disease. Treatments to date have included status post fusion, epidural steroid injection, topical patches, transcutaneous electrical nerve stimulation unit, ice application, functional restoration program and oral pain medication. Currently, the injured worker complains of pain in the back and left lower extremity. The plan of care was for laboratory studies and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC (complete blood count) test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/9451188](http://www.ncbi.nlm.nih.gov/pubmed/9451188), The complete blood count physiologic basis and clinical usage.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. CBC (complete blood count) test is not medically necessary.

**Sed (Sedimentation rate) test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/9590999](http://www.ncbi.nlm.nih.gov/pubmed/9590999), The erythrocyte sedimentation rate.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. Sed (Sedimentation rate) test is not medically necessary.

**CRP (C-reaction protein) test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/10595891](http://www.ncbi.nlm.nih.gov/pubmed/10595891), The C-reactive protein.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. CRP (C-reaction protein) test is not medically necessary.