

Case Number:	CM15-0046245		
Date Assigned:	03/18/2015	Date of Injury:	02/08/2009
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 48 year old male who sustained an industrial injury on February 8, 2009. He has reported neck pain and lower back pain and has been diagnosed with right wrist fracture, cervical strain, thoracic strain, lumbar strain, cervical neuritis, and lumbar neuritis. Treatment has included medications, work conditioning, and urine drug screening. Currently the injured worker had positive cervical tenderness and paraspinous muscle spasming and lumbar tenderness and paraspinous muscle spasming with decreased range of motion secondary to pain. The requested treatment included CMP testing, randomly 3 times per 6 month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP Testing randomly 3 x per 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
 Page(s): 70.

Decision rationale: Patients on NSAIDs should have periodic lab monitoring of a CBC and chemistry profile. The monitoring interval has not been established. However 3 times in 6 months would be excessive. This worker had a normal CMP 8/29/14 with the exception of an elevated bilirubin. The note of 1/20/15 states that a CMP will be repeated but doesn't say why. A CMP is not necessary to follow up on an elevated bilirubin when the previous CMP was normal. A bilirubin can be ordered by itself when that is the only lab of interest. Therefore, the request for CMP Testing randomly 3 x per 6 months is not medically necessary.