

Case Number:	CM15-0057956		
Date Assigned:	04/02/2015	Date of Injury:	12/24/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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 53-year-old female, who sustained an industrial injury on December 24, 2003. The injured worker was diagnosed as having bilateral hip trochanteric bursitis, status post status post lumbar 3-sacral 1 360 degree fusion on February 20, 2014, coccygodynia, bilateral sacroiliac joint sprain/strain, and bilateral iliac sclerosis at the sacroiliac joint with minor erosion, rule out inflammatory arthritis. Treatment to date has included CT scan, aquatic therapy, work modifications, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 26, 2015, the injured worker complains of sharp and shooting pain to various points of the bilateral lower extremities. The physical exam revealed an antalgic gait favoring the left lower extremity, spasms of the bilateral paravertebral muscles, tenderness to palpation of the left greater than right sacroiliac joint, positive Kemp's and Fabere for sacroiliac joint pain, decreased active range of motion in all planes, decreased sensation of lumbar 4-sacral 1 right greater than left, normal motor bilaterally, and normal deep tendon reflexes. The treatment plan includes Comprehensive Metabolic Panel to assess liver and kidney function secondary to long term medication use and CBC, ESR, Rheumatoid Factor, HLS-B27, and ANA to rule out inflammatory arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel, CBC, ESR Rheumatoid Factor, HLA-B27, ANA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects, Page 70.

Decision rationale: The requested Comprehensive Metabolic Panel, CBC, ESR Rheumatoid Factor, HLA-B27, ANA, is not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver 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 injured worker has sharp and shooting pain to various points of the bilateral lower extremities. The physical exam revealed an antalgic gait favoring the left lower extremity, spasms of the bilateral paravertebral muscles, tenderness to palpation of the left greater than right sacroiliac joint, positive Kemp's and Fabere for sacroiliac joint pain, decreased active range of motion in all planes, decreased sensation of lumbar 4-sacral 1 right greater than left, normal motor bilaterally, and normal deep tendon reflexes. The treating physician has not documented the medical necessity for all of these lab tests. The criteria noted above not having been met, Comprehensive Metabolic Panel, CBC, ESR Rheumatoid Factor, HLA-B27, ANA is not medically necessary.